

NEW ISSUE



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# AUSTRALIAN HEALTH SURVEY, 1977-78

## OUTLINE OF CONCEPTS, METHODOLOGY AND PROCEDURES USED

CATALOGUE NO. 4323.0

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AUSTRALIAN BUREAU OF STATISTICS Canberra

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**AUSTRALIAN HEALTH SURVEY  
1977-78  
OUTLINE OF CONCEPTS, METHODOLOGY  
AND PROCEDURES USED**

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AUSTRALIAN BUREAU OF STATISTICS

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## PREFACE

This publication contains details of the objectives of the 1977-78 Australian Health Survey, and of the concepts, methods and procedures used in the collection of the data and derivation of estimates.

The purpose of the publication is to enable a more precise interpretation of the estimates produced from the survey. It is the last in a series of publications on the Australian Health Survey. Details of the full publication program are shown in Appendix A.

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November 1981



## CHAPTER 1

## INTRODUCTION

1.1 The 1977-78 Australian Health Survey was developed and conducted by the Australian Bureau of Statistics to provide basic data about the health of Australians and the use of and need for various health related services and facilities. It was the first health interview survey in Australia to cover such a wide range of health topics and to be conducted nationally throughout a 12 month period.

1.2 The survey was conducted during the period July 1977 - June 1978 with selected households being interviewed only once during this period. Initial results, based on the information collected during the first quarter, were published in April 1978.

1.3 This survey, being a household survey:

- . provides a picture of the perceived health of all persons living in private dwellings;
- . provides data on patterns of usage and non-usage of health services, which can be cross-classified with the socio-demographic and other health characteristics of individuals.

1.4 The sample for the survey, comprising about 15 000 households, was designed to provide detailed estimates for selected regions within States, as well as estimates for each State and for Australia as a whole. This means that whilst all parts of Australia were represented, some regions were sampled more heavily than others so that detailed data could be provided for them. The regions selected for heavier sampling were designated by the State health authorities as regions of special interest. Regional maps are included as Appendix B.

1.5 Expansion factors were applied to the data obtained from responding persons to obtain estimates for the total population within the scope of the survey.

1.6 The survey was conducted on a voluntary basis and complete confidentiality of information is ensured by the Census and Statistics Act 1905. Wherever possible, each person aged 15 years or more was interviewed personally because of the self-assessment and attitudinal nature of some questions. Information for children aged less than 15 years was usually obtained from their mothers.

## 1.7 Survey Background

1.7.1 In 1975 the Australian Health Ministers' Conference approved terms of reference for a Conference on the Rationalisation and Development of Health Data Collection and Analysis Activities in Australia. That conference was held in February 1976. The resulting report emphasised that there were significant data deficiencies which prejudiced efficient health care in Australia.

1.7.2 The conference also proposed ways in which these deficiencies could be remedied and, with respect to health status of the population, suggested that "the feasibility of developing a national health interview survey system, drawing on precedents in Australia and overseas, should be investigated". Health interview surveys were seen to have the advantages of wide scope, standard definitions and concepts, and the ability to produce timely results. The conference appreciated the necessity to conduct a national survey to monitor overall health status and to help to identify high risk areas for further, more detailed studies. It also saw the need for statistics relating to small areas to permit more detailed analysis for planning health service facilities.

1.7.3 As a result of the conference recommendations, the ABS sought comments from potential users on the desired nature and content of a health interview survey and studied the feasibility of conducting such a survey. As the ABS had participated in a detailed health care survey in the Gosford-Wyong and Illawarra areas of NSW, (Health Care Surveys in Gosford-Wyong and Illawarra Areas of New South Wales, 1975 (4305.1)) it drew heavily on that experience to develop the national survey. Numerous household health surveys conducted in other countries were also examined, particularly the World Health Organisation sponsored International Collaborative Study on Medical Care Utilisation.

1.7.4 In October 1976 the ABS received approval to develop and conduct the Australian Health Survey.

## CHAPTER 2

## SURVEY OBJECTIVES

## 2.1 Main objective

The main objective of the Australian Health Survey was to provide data not generally available from other sources to assist in the monitoring, evaluation and planning of health services for Australia, each State and Territory and selected regions.

## 2.2 Health care model

The health care model used proposed that people's use or non-use of health services would be influenced by their perceived state of health, their social and economic background, and their attitudes to, and the availability of, health care. Answers to questions about these matters enabled the general level of the nation's health to be measured and the interactions and interrelations of the components of health care to be more fully studied and understood. For example, from the survey it is now possible to study the characteristics of the population not affected by illness. It is also possible to see if certain population groups (such as the young or the aged) experience more illness or express greater or less demand for services. And it is possible to more readily identify the factors affecting persons who appear to need health services but do not use them.

## 2.3 Provision of a statistical base

Because it was a survey of residents in Australia and because procedures have been applied consistently, the survey provides a statistical base for more detailed studies.

## 2.4 Objectives of particular topics covered

A description of the objectives of each topic is provided below. A brief list of the topics included in the survey and their associated variables is published as the Australian Health Survey 1977-78 Information Paper (4340.0).

2.4.1 Recent illness: the aim of this topic was to identify respondents who had recently experienced illness of any kind (whether mild or severe, physical or emotional) and to obtain the respondents' own descriptions of their conditions. The details obtained would enable some assessment to be made of the impact of certain types of illness (particularly minor illnesses) on people's lives and enable the relationships between self-perceived illness and the usage of services, especially doctors, to be examined.

2.4.2 Days of reduced activity due to illness or injury: provides a measure of short term disability due to illness or injury, which indicated the degree to which people's activities were disrupted and days of productivity lost.

2.4.3 Chronic conditions: the purpose of collecting this data was to ascertain the incidence and distribution of self-reported chronic conditions in the general population and how those conditions may have caused limitations of activity. The data would also enable comparisons to be made with previous surveys of chronic illness.

2.4.4 Accidents: the survey aimed to provide data on a broad range of accidents which affect people's health by causing injury. Although some data on severe accidents is available from medical records, little or none is available on minor accidents which nevertheless required medical treatment (by a qualified person) or disrupted life significantly by necessitating a stay in bed.

2.4.5 Index of general well-being: the AHS included a 12-item questionnaire asked of persons aged 18 years or more which was designed to provide a measure or 'score' of the respondent's deviation from his/her normal state of 'well-being' in the areas mentioned in the questions. The questions looked at such aspects of well-being as strain, loss of confidence, and lack of sleep because of worry. Essentially this section measured short-term deviations from a person's usual general state of well-being and allowed for the relationship between physical and emotional health problems to be investigated.

2.4.6 Doctor consultations: the survey aimed at measuring the frequency with which people used doctors and to investigate other aspects of their use, for example the proportion of consultations taking place in the patient's home, in the doctor's surgery etc, the extent to which services were provided for or arranged as a result of consultations and the degree of satisfaction with consultations. The data would enable analysis of different usage patterns within the population as well as simple comparisons with other utilisation variables.

2.4.7 Consultations with dentists: the survey aimed at measuring the distribution of time since a dentist was last visited and the reasons for non-use.

2.4.8 Consultations with health professionals other than doctors and dentists: data was to be collected to determine the type and extent of use of other health professionals.

2.4.9 Use of medicines: was included in the survey to identify the types and number of different medicines used by people and to examine the rates of self-medication and doctor prescription.

2.4.10 Episodes in hospitals: questions on the incidence of hospital episodes were included in order that this information could be related to the other health characteristics of the persons concerned. It was also intended that the survey data would complement data available from hospital records where the basic unit of collection is the episode rather than the person.

2.4.11 Health insurance: data was collected to identify the prevalence of various types of cover (eg levy payer), and to what extent people paid extra to have their choice of doctor in hospital etc.

2.4.12 Child vaccination: data was obtained to determine the immunisation levels of persons aged 2 to 5 years in relation to Sabin and Triple Antigen immunisation schedules.



## CHAPTER 3

## SCOPE AND COVERAGE

## 3.1 Geographical areas covered

The survey was designed to provide estimates of 21 selected regions within States (see Appendix B for maps of regions covered) as well as estimates for each State and for Australia as a whole. In the Northern Territory rural areas were excluded from the sample because of the practical difficulties involved in surveying such a widely scattered small population.

## 3.2 Dwellings included

Only 'private dwellings' were included. For the purpose of this survey they included houses, home units, flats, caravan parks, garages, tents and any other structures being used as private places of residence at the time of the survey.

## 3.3 Dwellings excluded

The following places of residence were considered to be 'special dwellings' and excluded from the survey:

- . hospitals, sanatoria, convalescent homes, etc
- . military establishments
- . religious and educational institutions
- . penal establishments and reformatories
- . welfare homes eg where children are cared for
- . licensed hotels and motels
- . private hotels, hostels and serviced rooms
- . boarding and lodging houses
- . large temporary dwellings such as construction camps
- . Aboriginal settlements and missions in Queensland and Northern Territory.

## 3.4 Households

Generally speaking, a household comprised all those persons living together in a private dwelling. In cases where persons regarded themselves as having separate living arrangements they were treated as separate households.

## 3.5 Certain persons excluded

Certain persons resident in private dwellings but not usually considered part of the Australian domestic population, were also excluded from the survey. These were:

- . non-Australian diplomats, non-Australian diplomatic staff and non-Australian members of their households
- . non-Australian servicemen stationed in Australia and their dependents
- . overseas visitors holidaying in Australia.

Note: Non-Australians working in Australia, or in Australia as students or settlers, and their dependents were included in the survey.

### 3.6 Coverage rules

Coverage rules were designed to ensure that, as far as possible, persons remaining in the sample after the above exclusions were applied, had only one chance of being interviewed.

3.6.1 Usual members of a household: any usual member of a household was included in the survey if he/she was staying at or had stayed at the dwelling for any part of the two week 'workload' period (the period given an interviewer to complete interviews in a particular area - see 5.6.3). In other words, usual members who were absent from the household (for any reason) for the entire two week workload period were excluded.

3.6.2 Visitors to a household: were included only if they would not be at their own usual dwelling for any part of the two week workload period.

3.6.3 Persons staying in holiday homes, caravan parks and camping grounds: were treated as visitors, and the coverage rules for visitors applied, unless the persons indicated that the caravan park etc was their usual residence, in which case the coverage rules for usual members of households were applied.



## CHAPTER 4

## SAMPLE DESIGN AND SELECTION

## 4.1 Sample design

The Sample design for the Australian Health Survey was designed to obtain reliable estimates at the State and Australian levels, and to satisfy the requirements for 21 regions nominated by Health Authorities for detailed study. The total sample size was 15 000 dwellings, of which about 12 000 were allocated in approximately equal numbers to each of the 21 regions, and the remaining 3 000 allocated to the rest of Australia.

## 4.2 Sample selection

The sample was selected on the basis of a stratified multi-stage area sample. Australia was divided into 'strata', each stratum consisting of a Local Government Area or a group of adjoining Local Government Areas, determined to be homogeneous in respect of the socio-economic characteristics of households within the stratum. Regions were defined in terms of groups of strata. The sample was selected to ensure that each dwelling within the same stratum had the same probability of selection.

4.2.1 In strata with high population density (eg: cities, large towns and densely populated rural areas): three stages of selection were used. Firstly, each stratum was divided into Census Collector's Districts (CD's) each CD containing approximately 250 dwellings. A sample of CD's was selected from each stratum with probability proportional to the number of dwellings in each CD. Each selected CD was then divided into 'blocks', generally containing between 20 and 60 dwellings. One block was chosen from each CD with probability proportional to the number of dwellings in each block. Finally, the dwellings within each selected block were listed and a systematic random sample of dwellings was taken.

4.2.2 In strata with low population density (eg: rural areas): there was an extra stage of selection. Each stratum was initially divided into what are termed 'primary sampling units' (PSU's), usually corresponding to towns or Local Government Areas (LGA's) or combinations thereof. The first stage of selection involved selecting one or two PSU's, with probability proportional to the number of dwellings in each PSU. Within selected PSU's, the sample was selected in three further stages - CD's, blocks and dwellings as described above.

4.2.3 Seasonal effects: in order to avoid possible seasonal effects, blocks were randomly allocated to quarters and then to months, ensuring an even spread of sample throughout the year.



## CHAPTER 5

## QUESTIONNAIRE, COLLECTION AND RESPONSE TO THE SURVEY

5.1 It is difficult to obtain data from household interviews when they require the respondent to recall or relate information about events that may have occurred some time ago or require answers to complicated questions. The ability of respondents to recall the details of events relating to their health depends largely on the impact such events had on their life (eg serious accidents or illnesses) or the extent to which such events required them to depart from their usual activities (eg to consult a doctor, dentist or go to hospital). The value of answers obtained therefore, also depends on the accuracy of a respondent's memory or the availability of relevant records, appropriate questionnaire design and the care taken by the interviewer.

## 5.2 Question design

In designing the questions to be used in the survey, a number of factors were considered.

5.2.1 The objectives, definitions and detail required: questions were designed to meet, as closely as possible, the various objectives of each topic.

5.2.2 Techniques available: a variety of question techniques was available within the boundaries of ABS survey procedures. Alternatives ranged from the use of a personal interview to the use of proxy interviews; from the use of open-ended unstructured questions to fully structured questions with fixed alternatives. The use of prompt cards and appropriate time references were also considered. For each topic of the survey, the various techniques were assessed for their effectiveness and the most appropriate one selected and developed. Special consideration was given to techniques employed previously in Australia and overseas.

5.2.3 The length of individual questions: lengthy questions containing several concepts or data items were avoided to overcome the possibility of persons only hearing or interpreting part of the content of the question. For example, a single question asking for such information as time, place and outcome of events would be replaced where possible with a series of simple questions each obtaining a single aspect of the relevant information.

5.2.4 The use of easily understood words and concepts: by using (wherever possible) common words and concepts which would be easily understood by most if not all respondents the questionnaire ensured a consistent interpretation would be placed on the subjects contained in the survey.

5.2.5 The sensitivity of topics in the survey: some topics may be seen by some respondents as an invasion of privacy or could cause them some embarrassment. Since this could result in a refusal to answer questions, all efforts were made to keep sensitive questions to a minimum.

5.2.6 The number of different subjects covered and the overall length of the questionnaire: these are important aspects which can affect the quality of response because lengthy and involved questionnaires can cause fatigue for persons involved in the interview.

### 5.3 Questionnaires

Three questionnaires were developed and used.

5.3.1 The Household questionnaire (H1): collected basic demographic data and details of the relationship between individuals in each household (see Appendix C). In addition, it was used to apply the coverage rules (see 3.6) to determine whether or not usual residents of the household (present or absent) and visitors to the household, should be included in the survey. The H1 also had provision for recording the details of calls to the household and the subsequent response status of the household for this survey (eg co-operative, refusal, vacant dwelling).

5.3.2 Personal interview schedules: questions relating to illness, health, and the use of medical services were contained in the remaining two questionnaires (see Appendices D and E). The 'adult questionnaire' (H2), was designed for persons aged 15 or more. The 'child questionnaire' (H3), was for those aged under 15 years. Separate questionnaires were used because the topics in the survey were not uniformly applicable to both adults and children.

### 5.4 Determination of time references

Time references for each topic were fixed according to those which had proven reliable in other surveys and were verified during pilot-testing. Fortunately, health related events which tend to occur rarely, such as admission to a hospital, are

relatively significant events in a person's life. Therefore, despite their rarity, they are likely to be recalled reasonably well and it was possible to use a longer recall period to provide enough occurrences for analysis. On the other hand, more frequent and less significant events such as a minor illness or the taking of medication necessitated the use of much shorter reference periods.

## 5.5 Aids to response

5.5.1 Prompt cards: some questions were put to respondents as printed lists of possible answers from which they were asked to nominate some relevant response(s) (see Appendix F). By listing a set of possible responses the prompt card served to clarify the question, or to present various alternatives to refresh a respondent's memory, and at the same time, aid the respondent to select an appropriate and manageable response. For example in the questions used to determine whether a respondent had had a recent illness, prompt cards were used to ensure that relatively minor complaints, such as a sore throat or trouble sleeping, would be considered. Similarly, a question about a person's 'usual major activity' could have been answered in many ways, but responses were managed by using a prompt card with seven categories and asking the respondent to choose the most appropriate one. A further use of prompt cards was to eliminate the need (and therefore possible reluctance in the presence of the interviewer or other persons) to make a specific response to a sensitive question by giving each answer code letter. For example, the question 'Have you recently been able to face up to your problems?' only required respondents to answer 'F', 'G', 'H' or 'J'.

5.5.2 Map: for dwellings located in one of the specific survey regions, respondents were shown a map with the relevant region outlined on it (Prompt Card A) when they were asked how long the head of the household had lived in the region. The only exceptions to this occurred in the Northern Territory and Canberra where interviewers simply gave the name of the town (eg Canberra, Darwin).

5.5.3 Calendar: before asking questions about recent illness, interviewers clarified the reference period by showing respondents a calendar with the appropriate two week period outlined in red. In this way effort was made to avoid the possibility of respondents including earlier episodes of illness or only including those illnesses occurring in the few days prior to interview.

## 5.6 Interviewers

5.6.1 Recruitment and training: most interviewers were drawn from an already trained panel of interviewers used by the ABS on other surveys such as the Population Survey and/or the Household Expenditure Survey. New interviewers were recruited on the basis of their intelligence, ability to communicate with people, and willingness to work in the evenings. They initially completed a basic training course. Those chosen for the Australian Health Survey underwent further training consisting of a full week of classes and field training, and a home study exercise. During training considerable emphasis was placed on understanding the survey concepts, definitions and procedures to ensure that a standard approach was employed by all interviewers concerned.

5.6.2 Supervision: during the survey each interviewer was supervised for at least four interviews every four months as a part of the training and retraining program to ensure that consistent standards of interviewing procedure were maintained. In some States, the frequency of supervised interviews was higher.

5.6.3 Workload: interviewers were allocated a number of dwellings (a workload) for each two weeks in the field. The size of a workload was dependent on the region concerned and whether or not the interviewer was required to live away from home to collect the data. For example, interviewers living close to their workload area in metropolitan or urban regions usually had workloads of between 40 and 45 dwellings; those required to live away from home to complete their workload, or those working in non-urban areas, had workloads of 20 dwellings or fewer. Each workload period commenced on a fixed date (a Monday) and had to be completed within 14 days.

## 5.7 Interviews

5.7.1 Personal interviews: for persons aged 15 years or more a personal interview was considered the most appropriate method for the collection of the type of health data contained in the survey.

5.7.2 Proxy interviews: for persons aged 14 years or less the H3 form was completed by interviewing a parent or guardian (usually the mother) about the child's health. In rare instances proxy interviews were also used for persons aged 15 years or more. These exceptions to a personal interview were made when:

- . parents insisted that they answer for their children in the 15 to 17 year age group
- . some very old and/or sick people living at home were not able to be given an interview. In such cases a son or daughter or other relative was interviewed on their behalf
- . mentally retarded persons and some physically incapacitated persons were unable to answer for themselves. In such cases a relative or guardian was interviewed

When such exceptions occurred questions which specifically required a personal response were not asked.

5.7.3 Duration: a personal interview with an adult usually took no more than 20 to 25 minutes. Each interview concerning a child was shorter (about 10 minutes).

## 5.8 Confidentiality

The Survey was undertaken under the confidentiality provisions of the Census and Statistics Act 1905, Section 24, which states that the Statistician or his officers 'shall not ... divulge the contents of any form filled up, or any information furnished

a in pursuance of this Act; or

b at the request of the Statistician for statistical purposes'.

Thus, no individually identifiable data can be made available to anyone outside the Australian Bureau of Statistics.

Respondents were asked to supply their names or some other form of identification for the interviewer's use while conducting the interview. Names supplied were not used after collection. During clerical and computer processing, data were identified only by a numeric code. The filled-in questionnaires were destroyed after all processing was completed.

## 5.9 The need to maximise response

In any sample survey responses should ideally be obtained from all selected units. In practice, however, there will always be some non-response, when people refuse to co-operate, cannot be contacted or are contacted but cannot be interviewed. It is extremely important, however, to maximise the response to a survey in order to minimise sampling variability and avoid biases. Sampling variability is increased when the sample size decreases, and biases can arise if the people who fail to respond to the survey have different characteristics from those who do respond.

## 5.10 Measures taken to maximise response

5.10.1 Stressing the value of the survey and maintenance of confidentiality: because of the personal nature of some of the questions and the length of the survey interview, it was not considered justified to use the powers of the Census and Statistics Act 1905 to compel people to respond. Interviewers therefore sought the co-operation of households by explaining the value of the results of the survey and pointing out that responses were strictly confidential (see 5.8).

5.10.2 Call-backs: before a dwelling was classified as a non-contact, interviewers made at least three calls in rural areas, and at least five in metropolitan or urban areas. Once contact had been made at a dwelling, the interviewer completed all necessary questionnaires as soon as possible. If any persons who were to be included in the survey were absent from the house when the interviewer called, arrangements were made to return and interview them. Interviewers made as many return visits as were necessary to complete questionnaires for all persons who were within the scope and coverage of the survey (see Chapter 3). Sometimes individual members of a household were not subsequently available for interview, these were then classed as individual non-contacts.

5.10.3 Follow-up: In metropolitan areas, dwellings which were still non-contact were followed up by interviewers undertaking special workloads. In non-metropolitan areas the follow-up was either undertaken by a supervisor, or the dwelling was included in a subsequent interview workload. Where the follow-up failed to obtain an interview such respondents were classed as non-responses.

5.10.4 Foreign language interviews: where an interview could not be conducted because the respondent did not speak English, an interview in the appropriate language was arranged. Generally they were conducted for the more common languages such as Greek or Italian. These interviews were undertaken by an interviewer trained to interview in the relevant language. Prompt cards in the appropriate language were also used. Relatives, friends, or children were specifically excluded from acting as interpreters. Where a foreign language interview could not be arranged, such respondents were classed as non-responses.

5.10.5 Refusals: interviewers encountering a refusal or partial refusal, gave the household a status of 'other than fully co-operative'. These were also followed-up by supervisors and interviews conducted where possible.



5.10.6 Timing: in the case of non-response follow-up, speed was essential because the coverage rules (see 3.6) applied to the workload period current at the time of initial contact with the household.

#### 5.11 Treatment of non-response and partial response

While every effort was made to achieve a complete response at all selected dwellings, it was not always obtained (see 5.12).

5.11.1 Non-response: for individuals where no interview was obtained, the estimation procedure was designed to adjust estimates in such a way as to minimise the non-response bias. This was done by adjusting the 'weights' applied to the respondents in each age-sex-area cell for the non-respondents in that cell (see Chapter 8 and Appendix I for full details of estimation procedures and formulae).

5.11.2 Partial response: for individuals where a partial interview was obtained, if sufficient basic information was recorded, the person was treated as fully responding for estimation purposes (unanswered questions receiving special codes to indicate 'not stated'). If insufficient information was obtained, the person was treated as a non-response.

#### 5.12 Response rates for the survey

5.12.1 Households: eighty-six percent of all eligible households cooperated fully during the survey. A further eight percent of households contained persons who only partially completed the questionnaire or some persons who did not answer any questions (ie there was at least one partially responding person in the household). Appendix G shows household response rates for each region.

5.12.2 Persons: 40 650 persons responded to the survey of whom 371 persons partially responded. 28 751 persons aged 15 years and over received the adult questionnaire and 11 899 persons aged 14 years and less received the child questionnaire.



## CHAPTER 6

## METHODOLOGY USED IN THE SURVEY TOPICS

## 6.1 Recent illness

The methodology used to ascertain a respondent's 'recent illnesses' consisted of two stages. The first stage of the questions was designed to identify as many respondents as possible who were likely to be ill and therefore likely to seek medical treatment. The second stage was aimed at identifying the illnesses themselves from the complaints (or symptoms) reported. In respect of each illness reported respondents were asked how long the illness had lasted and if they were concerned or pained by the illness. They were also asked whether they had consulted a doctor about their illness in the same two week reference period and if not why not (see 6.6.7).

6.1.1 Respondents were supplied with a list of complaints or symptoms from which people often suffer (eg sore throat, headache, chest pain, seriously overweight, trouble sleeping) (See Appendix F, prompt cards C,D,E,F,Q,R). Altogether the lists read to respondents consisted of 26 specified complaints for adults and 17 for children. Respondents were asked if they had any of the listed complaints in the two weeks preceding the day of interview. Interviewers then stressed that the listed complaints were examples only and asked if the person had any other complaints.

6.1.2 A complaint was defined as any departure from a normal state of physical or mental well-being in the two weeks before interview, whether or not caused by an incident occurring within that period.

6.1.3 Having reported any complaints experienced, survey respondents were asked what they believed had caused the complaints. The illness, injury or other health problem described by the respondent as the origin of a complaint or group of complaints that were reported to have been experienced in the two weeks prior to interview was defined as that person's 'recent illness'. If the respondent's description was not a morbid condition in its own right (eg "the weather", "overwork") the complaint itself became the recent illness (see also 6.1.5). By definition, long lasting illnesses that had not recently caused any complaints were excluded. However, any minor health problems that had caused some complaint in the two weeks before interview would have been included. If the respondent was unable to group the complaints into conditions the interviewer was instructed to probe by using such neutral phrases as 'are any of these complaints: related in any way? due to the same things? etc' provision was made in the questionnaire for up to five distinct recent illnesses to be recorded for each respondent.

6.1.4 Where respondents reported only one recent illness, that illness was taken to be their major recent illness. Where respondents reported more than one recent illness, they were asked which condition "concerned them most", and this condition was then taken to be their major recent illness.

6.1.5 The following examples are provided to clarify how recent illnesses were identified:

- . the complaint and associated illness may have the same name, eg 'headache'.
- . some respondents gave the name of one of the component complaints as their illness, eg a person who reported the complaints 'tension' and 'dizziness' and then said it was due to 'tension'.
- . some respondents reported having a number of complaints or associated symptoms and then identified the illness in medical terms, eg a person who reported 'sore throat, cold', 'cough or bringing up phlegm', 'trouble sleeping' and 'unusual weakness or tiredness' and reported that the complaints were due to 'influenza'. A further example is a person who reported complaints of 'dizziness', 'ringing in the ear', 'heart trouble' and said they were due to 'ischaemic heart disease'.
- . a complaint also may have been associated with more than one illness, eg a person who reports 'feeling depressed' and 'severe backache' as being due to a 'back injury' and 'feeling depressed' and 'heart trouble' as being due to 'congestive heart disease'. In such cases, the interviewer would have recorded both illnesses separately.
- . alternatively a group of complaints might have been described in non-medical terms, eg complaints of 'trouble sleeping', 'severe headache', and 'loss of appetite' being described as due to 'family arguments'; or 'pain in legs' being described as due to 'overwork'. In such cases it was usual for coding purposes to regard the appropriate complaints as the recent illness, because 'overwork' or 'family' do not in themselves represent morbid conditions. However, some provision was made to represent nervous tension, anxiety and depression due to 'family problems', 'work', 'exams' etc separately in the results by adding special categories to the classification used (see 7.1.1).

6.1.6 Descriptions of recent illnesses were subsequently coded according to the Eighth Revision (1965) of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death published by the World Health Organisation (see 7.1.1).

## 6.2 Days of reduced activity due to illness or injury

6.2.1 Respondents were asked about reduction of activity as a result of illness or injury. Reduction of activity was measured in terms of the number of days in bed, the number of days lost from work or school, and the number of days when persons cut down on their activities, the reference period being the 2 weeks preceding the day of interview.

6.2.2 The questions relating to days of reduced activity were only asked in relation to those persons aged 2 years or more. The questions relating to days lost from school were asked of all persons aged 6 to 14 years and persons aged 15 years and over who stated that their usual major activity was either 'full-time tertiary student' or 'school student'. The questions relating to days lost from work were asked of all persons aged 15 years or more who stated that they had a full-time or part-time job or business in the week before interview. Included are persons who had a job but were sick or on leave in the week before interview. Persons who reported that their usual major activity was either 'full-time tertiary student' or 'school student' were excluded from questions on days lost from work even though they may have had a job or business.

6.2.3 A day of reduced activity was defined as one in which a person cut down on his/her usual activities for all or most of that day due to illness or injury.

6.2.4 A bed-disability day was defined as one in which a person stayed in bed for all or most of the day due to illness or injury. A day bed-disability day was also taken as a day of reduced activity.

6.2.5 A day lost from school was defined as a normal school day on which a student did not attend school for all or most of the day because of illness or injury. A day lost from school due to illness or injury is therefore also a day of reduced activity.

6.2.6 A day lost from work was defined as a day for which a person did not work at his/her job or business for all or most of the normal work day due to illness or injury. A day lost from work due to illness or injury is therefore also a day of reduced activity.

6.2.7 Persons who reported reduction in activity due to illness or injury were asked to report:

- . the number of bed disability days
- . the number of reduced activity days in addition to the bed-disability days
- . the number of days lost from school/work irrespective of whether they involved a stay in bed.

### 6.3 Accidents

6.3.1 The questions on this topic were designed to ensure recall of as many accidents as possible whether minor or severe. This was done by asking a separate question for each likely location for an accident (ie at home; at work; at school/college/university; on a street/road/highway)

6.3.2 Accidents to be considered in the survey were those which occurred in the two weeks before interview, and, which caused the respondent to seek treatment from a doctor, a hospital, a dentist, a chemist or a nurse, or to stay in bed at all.

6.3.3 Respondents were reminded of the two week reference period firstly by a calendar and secondly by referring to the 'last two weeks' in all relevant questions.

6.3.4 Additional questions ascertained whether a doctor etc had been consulted or the respondent had stayed in bed at all as a result of the accident.

6.3.5 Information was then recorded about only the most recent accident which the respondent had reported as occurring in the two week period (and which fitted the definition). Details obtained were:

- . place of accident
- . part(s) of the body injured (eg head; back; legs)
- . type(s) of injury (eg burns; cuts; fractures)
- . how the accident happened.

6.3.6 Recollections of how the accident happened were the basis of subsequent clerical coding to establish the 'agency' and the 'event'. This procedure ensured consistency of interpretation of event and agency. One limitation of the coding procedure was that it allowed only one (ie the major) agency and event. The data therefore refer to prime causes of the accident, and as a result quite complex sequences were often reduced to just two factors, 'agency', and 'event'.

#### 6.4 Index of general well-being

6.4.1 The 12 questions used in this section were taken from a questionnaire developed in the United Kingdom usually referred to as the General Health Questionnaire (GHQ) (Goldberg, D.P., The Detection of Psychiatric Illness by Questionnaire, OUP, London, 1972). The GHQ was originally developed as a self-administered questionnaire that would assist in the identification of respondents with non-psychotic psychiatric illness.

6.4.2 From the original questionnaire of 60 items, Goldberg also selected the 12 'best' questions as a possible shorter set of questions and these 12 questions were used in the survey. Details of the questions and possible responses are shown on the next page.

6.4.3 The questions were not self-administered as in Goldberg's original work, but were asked of each respondent by the ABS interviewer. To avoid possible embarrassment, prompt cards showing both the questions and possible answers were used so that respondents could nominate the answers by referring to the letter of the alphabet attached to the various responses (see Appendix F, prompt cards G,H,I,J).

6.4.4 The method used to derive a 'score' from these questions is identical to that used by Goldberg and is as follows: there are two 'normal' responses which score 0 (ie those from column A or B above) and two positive responses (columns C & D) which are assigned a score of 1. The score for a respondent is the sum of the individual scores for each question, giving a score ranging from 0 to 12 for this series of questions. This score can then be used to provide a measure of a respondent's degree of deviation from his/her normal state of 'well-being'. A score of '0' indicates a deviation of no more than usual while a score of 12 indicates the highest level of deviation from the normal state of 'well-being' as measured by these questions.

6.4.5 The questions were not asked of persons aged less than 18 years, and those persons for which a foreign language interview or a proxy interview was conducted.

#### 6.5 Chronic conditions

6.5.1 Chronic conditions were measured using the following procedure: respondents were supplied with a list of chronic conditions, which indicated the type of conditions to be reported (see Appendix F, prompt cards K, S) and were asked if they currently had any of those conditions and had had them for more than six months. Interviewers stressed that the listed chronic

## THE TWELVE QUESTIONS USED IN THE INDEX OF GENERAL WELL-BEING

| QUESTION                                              | ANSWERS            |                     |                        |                      |
|-------------------------------------------------------|--------------------|---------------------|------------------------|----------------------|
|                                                       | Column A           | Column B            | Column C               | Column D             |
| Have you recently:                                    |                    |                     |                        |                      |
| been able to concentrate on whatever you're doing?    | Better than usual  | Same as usual       | Less than usual        | Much less than usual |
| lost much sleep over worry?                           | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| felt that you are playing a useful part in things?    | More so than usual | Same as usual       | Less useful than usual | Much less useful     |
| felt capable of making decisions about things?        | More so than usual | Same as usual       | Less so than usual     | Much less capable    |
| felt constantly under strain?                         | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| felt that you couldn't overcome your difficulties?    | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| been able to enjoy your normal day-to-day activities? | More so than usual | Same as usual       | Less so than usual     | Much less than usual |
| been able to face up to your problems?                | More so than usual | Same as usual       | Less able than usual   | Much less able       |
| been feeling unhappy and depressed?                   | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| been losing confidence in yourself?                   | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| been thinking of yourself as a worthless person?      | Not at all         | No more than usual  | Rather more than usual | Much more than usual |
| been feeling reasonably happy all things considered?  | More so than usual | About same as usual | Less so than usual     | Much less than usual |

Source: Goldberg, D.F., The Detection of Psychiatric Illness by Questionnaire, CUP, London, 1972, p139.



conditions were examples only and asked if the respondents had any others. A maximum of five chronic conditions could be recorded for each respondent.

6.5.2 Any illness, injury or impairment which the respondent claimed to have had for more than six months was recorded as a chronic condition. Also included was any permanent disability irrespective of the length of time a person had had it. Illnesses which were under control (eg controlled diabetes or epilepsy) were also included but illnesses that had been completely cured (eg an ulcer) and for which the respondent no longer needed to take drugs or conform to a strict regimen were excluded.

6.5.3 Persons with a chronic condition were also asked how their activities were limited using the following procedure: respondents were shown a list of activity limitations (see Appendix F, prompt cards L, M, N, T, U) and asked to indicate if they were limited in any of those ways. The five prompt cards listed different categories of response but only one card was shown to each respondent reporting a chronic condition. For respondents aged 65 or more, the categories of activity limitation (prompt card L) were concerned with the extent of confinement to their house. For all other respondents, the limitation of activity categories assumed some ability to participate in every-day activities and sought to discover the degree to which chronic illness restricted the individual's usual major activity (eg work, housework or schooling). Respondents may have been limited in ways other than those shown on the cards, but these were not recorded.

6.5.4 A respondent may have been limited by some or all of his chronic conditions but the extent to which his activity limitation was caused by each particular condition he reported was not obtained in this survey. However, having been asked questions about activity limitation the respondent was then asked, in respect of the chronic conditions he had reported, which one affected him most.

6.5.5 Respondents were also asked whether they had consulted a doctor about their major chronic condition in the previous six months, and if not, why not (see 6.6.7).

## 6.6 Doctor consultations

6.6.1 Respondents were asked when they last consulted a doctor about their own health, a doctor being defined as any general practitioner, surgeon, or other specialist, physician, hospital intern or resident. To be excluded were consultations with

dentists, dental surgeons, physiotherapists, osteopaths, opticians, radiographers and chiropractors. Those who had consulted a doctor within the three months preceding their interview were asked about the location, type of doctor consulted and the main reason for their last consultation. Further questions were asked concerning selected services arranged at that consultation and degree of satisfaction with the consultation.

6.6.2 Those persons who had consulted a doctor in the two weeks before interview, were asked how many consultations they had and where each consultation had occurred. Persons who had consulted a doctor more than two weeks but less than three months before interview, were asked the location of their most recent consultation only. The locations included in the survey were:

- . doctor's surgery
- . patient's home
- . as a hospital inpatient
- . hospital outpatients department, ie the part of a hospital where persons can consult a doctor by appointment and may also include a hospital inpatients clinic.
- . hospital emergency room, casualty department or first aid section, ie the part of a hospital where persons can consult a doctor without an appointment.
- . school, work or other clinic, including baby health centre, clinic or infirmary attached to a school or place of work.

6.6.3 All respondents were asked whether they had a doctor whom they usually consulted about their health. Respondents who usually attended a particular group practice were also regarded as having a usual doctor. Respondents were then asked whether their usual doctor was a general practitioner, a specialist or a hospital doctor. Where a respondent visited a specialist for a particular illness, but visited a specific general practitioner for other illnesses, the general practitioner was considered to be the usual doctor.

6.6.4 Respondents who had consulted a doctor in the three months before interview were asked to identify whether the doctor they had consulted most recently was a general practitioner, a hospital doctor or a specialist. Any doctor who was consulted at a hospital, irrespective of whether that consultation was at a casualty department, outpatient department, or during a stay as an inpatient in hospital, was classified as a hospital doctor and no attempt was made to determine whether that doctor was a general practitioner or a specialist.

6.6.5 Persons whose most recent consultation had occurred within the three months before interview were asked to identify the main reason for their most recent consultation from a list (see Appendix F, prompt cards O, V). These persons were also asked about a series of selected services which might have taken place at, or as a result of their most recent consultation. The selected services were:

- . further consultation, ie any arrangement to consult with the same doctor at a set time, or when a specific event occurred, such as the completion of a course of tablets. Excluded were general arrangements such as "come back next week if it does not improve".
- . admission to hospital, including admission to a nursing or convalescent home
- . X-Ray
- . blood test
- . referred to a specialist
- . visit from a nurse.

The respondents were also asked, if, at their last consultation they were very satisfied, satisfied, or dissatisfied with what happened at that consultation.

6.6.6 Persons whose most recent consultation was while a hospital inpatient, or whose consultation was made by telephone or through another person, were not asked to supply information about the type of doctor consulted, the main reason for consultation, services arranged or the degree of satisfaction with the consultation (as mentioned in 6.6.3 to 6.6.5 above). This was because it was not expected that such persons would be able to provide suitable answers.

6.6.7 Questions concerning doctor consultations also appear in other parts of the questionnaires, in the sections on recent illness and chronic conditions. In both sections respondents were asked if they had consulted a doctor about their illness in the two week reference period, or their chronic condition in the six month reference period, and if not, why not. The reasons provided for in the survey were:

- . doctor's advice sought previously, including under treatment for the condition
- . have made arrangements to see about it
- . not serious enough to bother a doctor about
- . doctors cannot help on this condition
- . don't like going to doctors - doctors "useless"
- . don't like going to doctors - personal fears, anxieties etc
- . couldn't afford the time
- . medical services too expensive
- . bad transport
- . other.

## 6.7 Consultations with dentists

6.7.1 Respondents were asked when was the last time they visited a dentist.

6.7.2 Respondents who had not visited a dentist in the last 12 months, or who reportedly had never visited a dentist, were asked their main reason for not consulting a dentist in the last 12 months. Reasons provided for in the survey were:

- . nothing wrong (ie no symptoms with natural or false teeth)
- . cost too much
- . difficult to get an appointment
- . do not like to go to the dentist
- . too busy/couldn't be bothered
- . no particular reason
- . other

6.7.3 The questions on use of dentists were not asked about children aged less than 6 years.

## 6.8 Consultations with health professionals other than doctors and dentists

6.8.1 Information was collected on consultations with the following types of health professional, other than doctors or dentists:

- . chemist
- . optician or optometrist
- . physiotherapist
- . social worker or welfare officer
- . nurses (see 6.8.2).

In addition, persons aged 15 years or more were also asked about consultation with:

- . chiropodist
- . chiropractor, naturopath or osteopath.

6.8.2 Data was only collected for certain types of nurses. These were:

- . district, home or community nurse (for persons aged 15 years or more)
- . school or community nurse (for persons aged less than 15 years)
- . baby health centre nurse (for persons aged less than 5 years).

6.8.3 A consultation was defined as any visit to, or by, one of the specified health professionals which occurred in the four weeks preceding the day of interview and involved discussion of the respondent's own health. For example, going to the chemist to get a prescription filled was not classed as a consultation, but, asking the chemist's advice as to the type of medication or treatment to take for a particular ailment was considered to be consulting a chemist.

6.8.4 For each person who reported having consulted a health professional other than a doctor or dentist, the number of consultations, in the four week reference period, with each of the specified health professionals was also recorded.

## 6.9 Episodes in hospitals

6.9.1 Respondents were asked if at any time in the previous 12 months, they had been admitted to a hospital, psychiatric hospital, nursing or convalescent home. Those that had been admitted were asked how many times in the previous 12 months and the details (name of institution and length of stay) of the last five of those admissions.

6.9.2 Results of the survey showed that more than ninety-six per cent of episodes encountered in the survey were in hospitals, the remainder occurring in psychiatric institutions, convalescent or nursing homes. For this reason and because the distinction between some of these institutions varies from State to State, it was decided to use the term 'hospital' to include all the institutions reported in the survey.

6.9.3 An episode in hospital was defined as a complete stay in hospital, commencing with formal admission to the institution concerned and ending with formal discharge. To have been included in the survey, an episode must have both commenced and been completed within the 12 month reference period. Persons in the survey were only asked about 'admissions' to hospitals, since, to have been included in the survey they must have been at home and living at home (see Chapter 3) and would therefore have been 'discharged'. The results obtained in the survey therefore relate to completed 'episodes' in hospitals. Temporary absences, such as on leave passes, were not to be counted as formal discharges. Babies born in hospital were not considered to have been admitted to hospital.

6.9.4 The length of stay of each episode was recorded in terms of the number of nights, ie the difference between admission and discharge dates. Persons admitted and discharged on the same date were recorded as having a length of stay of '0' for such episodes. Episodes of more than 80 nights were recorded as '80'. Data collected on length of stay were used to calculate, for each respondent, the total days stay in hospitals during the 12 month reference period, and these were subsequently used in calculation of average lengths of stay for various subgroups of the survey population.

6.9.5 Persons who had an episode in hospital in the previous 12 months were asked whether the reason for the most recent admission was:

- . to have a baby (restricted to females aged 15 years or more)
- . for surgery
- . to have tests done
- . for observation only
- . for a sickness, illness or injury.

6.9.6 Code lists of health institutions were drawn up by the various State health authorities, and these were used to classify the institutions reported. This enabled detailed analysis of results to be made at a later date.

#### 6.10 Use of medications

6.10.1 The primary aims of the methodology for this topic were to identify respondents who had taken medication (of any type) in the two days prior to interview and to obtain an approximate measure of the extent to which these medicines were prescribed.

6.10.2 For each particular group of medicines which a respondent indicated he had taken, he was asked the number of different brands or kinds he had taken and how many of those brands or kinds were prescribed or suggested by a doctor. Medications 'suggested' by a doctor were included as prescribed because a doctor may have recommended some form of medication that did not need a prescription (eg aspirin). If a particular medication was mentioned in relation to more than one of the medicine groups it was included with the first-mentioned group only.

6.10.3 To assist respondents in remembering all the possible medications they might have taken, a list of medications was read out to them as part of the question. This list consisted of groups of medicines which were known to be frequently used and also items which respondents may not necessarily consider to be medicines. The terminology used in the questions was kept as simple as possible. Medicines specified were as follows:

- . pain relievers, such as aspirin, headache powders, codeine, panadol
- . cough medicines or any other remedies for colds
- . allergy tablets or medicines
- . skin ointments or salves, excluding baby oils, and non-medicinal preparations
- . laxatives and any other medicines or remedies for stomach
- . tranquillisers, sedatives or medicines for nervous conditions
- . sleeping pills or medicines
- . vitamins or tonics
- . anything else.

In addition persons aged 15 years and over were also asked about:

- . medicines for heart, blood pressure or water pills (fluid tablets).

Females (18-50 years only) were asked about:

- . birth control pills (for any reason).

#### 6.11 Child vaccination

Data was collected on the immunisation status of children aged six months to five years in relation to Triple antigen and Sabin vaccinations.

6.11.1 Respondents were asked if their child had received any Triple antigen vaccine injections against Whooping Cough, Tetanus and Diphtheria. The respondent was asked to specify the number of injections received and from which centre the child received these injections. The survey provided for the following sources:

- . private doctor's surgery
- . local council or baby health centre
- . other single place
- . multiple sources.

6.11.2 If the child had not received any doses of Triple antigen vaccine the respondent was asked to specify if there was a particular reason why their child had not received the vaccine. Reasons provided for were:

- . don't think it necessary
- . don't know about this immunisation
- . don't believe in immunisation
- . other reason

6.11.3 The same questions were asked about injections of Salk or doses of Sabin oral vaccine against Poliomyelitis.





## CHAPTER 7

## PROCESSING

Because of the amount of information collected, and the complexity of compilation and tabulation, a combination of clerical and computer based systems was used to process the data.

## 7.1 Clerical coding

Clerical coding was required in relation to recent illness, chronic conditions, occupation, educational qualifications, the names of health institutions (hospitals etc) admitted to, country of birth, agency and event involved in accidents.

7.1.1 Recent illness and chronic conditions: experienced morbidity coders classified each illness or condition reported to the most appropriate category of the Eighth Revision (1965) of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD) published by the World Health Organisation, to which were added special categories for absence of limbs and organs. Special coding rules were prepared in order to overcome problems associated with inadequate or inaccurate reporting, particularly with the recent illness topic. A particular ruling for the coding of recent illnesses, which should be noted, was that conditions reported by a respondent as the cause of his/her complaint(s) of ill health in the two weeks before interview which were not in themselves a morbid condition (eg overwork, too many late nights, the weather, food) were to be coded to the symptom or complaint indicated. This ruling is consistent with the definition of 'recent illness' outlined in paragraph 6.1.3. Exceptions were made, however, in the following cases which occurred sufficiently frequently to warrant the provision of special codes:

- . smoker's cough/throat
- . anxiousness due to exams/school worries
- . nervous tension at work/due to work
- . housewives - boredom/tension/depression
- . family worries

7.1.2 Occupation and education: occupation details were assigned relevant codes using the 1976 ABS "Classification and Classified List of Occupations". Education qualifications were coded using the "ABS 1976 Census of Population and Housing ... Index of Qualifications".

7.1.3 Health institutions: special code lists were drawn up by the relevant State health authorities, to group together those health institutions of particular interest in each region. These lists were used to classify the various hospitals and other health institutions reported in the admissions section of the questionnaires.

7.1.4 Other: code lists for country of birth, agency and event involved in accidents were specially compiled for the survey. (see Appendix H)

## 7.2 Computer edit/amendment

Each survey questionnaire (H1, H2 and H3) was entered on the ABS computer processing system. Separate files for the three different types of questionnaire were produced. Each record was then individually checked for internal consistency by a specially designed edit program. For example a record might indicate an accident but no code for place of accident. Such a discrepancy might occur if the interviewer had recorded the response incorrectly, or a correct response was wrongly entered on the computer file. The source of the error was detected by manual examination of the relevant questionnaire and appropriate amendments made to the record on the data file.

## 7.3 Computer linkage/amendment

The separate files of H2 and H3 records were linked with the appropriate H1 records. In this way details such as age and sex were transferred from the household record to the person record. Age/sex cross-editing was then undertaken, for example, to ensure that no adult males were recorded as having conditions associated with pregnancy. This procedure was carried out at the end of each quarter of the survey year. What remained was a file consisting of H2 and H3 records incorporating details from the relevant H1 record.

## 7.4 Check tables

A number of tabulations were compiled to check for general consistency between States, and from quarter to quarter. The tables were also designed to check for certain illogical responses to questions that were not detected by edits. For example, a person might have reported consulting a doctor about a chronic condition in the six months prior to the interview, but in answer to another question report no doctor consultation in the same six months. While such responses were in general not amended, these inconsistencies were monitored to ensure that they were within 'acceptable' limits.

## 7.5 Derived variables

The data were then submitted to a program which created new variables derived from the data on each individual record, as well as from data on the records of other members of the same household. These 'derived variables' were then included in the records of the individuals concerned. For example, each record would now contain details of the total number of recent illnesses reported, and identify the type of major recent illness, in order to facilitate tabulation and presentation of data.

## 7.6 Quarterly persons file

The files relating to each quarter (with original and derived data) were again checked and all records for which no H2 or H3 data existed were removed. These represented cases where interviews had not been conducted with, or on behalf of, those persons. The remaining data constituted the quarterly persons file. The quarterly persons files then went through a weighting program which attached expansion factors called 'weights' to each record (see Chapter 8).

## 7.7 Preliminary tabulations and publications

Preliminary tabulations and publications were produced using data from the September 1977 and December 1977 quarters. This was to ensure that preliminary information could be made available as soon as possible and to assist in developing the expertise needed for the efficient production of tabulations from the final annual persons file.

## 7.8 Annual persons file

On obtaining the final quarter's file, the four quarterly files were merged to form the annual persons file for the production of annual tabulations.

## 7.9 Final tabulations

Detailed tabulations were produced on all the topics covered in the survey. Each topic was cross-tabulated extensively with the demographic variables (eg: age, sex, area) and, in many cases, also cross-tabulated with other health variables collected in the survey. Some 800 tables have been produced, ensuring sufficient details not only at the national level, but also at State and regional levels. Many tabulations have subsequently been transferred onto microfiche for ease of storage and distribution. About 120 microfiche of detailed survey results have been produced.

#### 7.10 Publication of final results

The publication of final results was in two stages.

7.10.1 First stage of publication: a publication containing summary results relating to the major health topics covered in the survey was produced immediately following creation of the annual persons file.

7.10.2 Second stage of publication: was a series of publications each dealing with a separate topic of the survey in much greater detail. The full publication program with summaries of the contents of each publication is shown as Appendix A.

#### 7.11 Unpublished data

For practical as well as economic reasons, not all the data obtained in the survey has been published. Access to unpublished data can be obtained by writing to the Supervisor, Health Subsection, ABS, PO Box 10 Belconnen, ACT. 2616. However, some data from the survey may not be made available due to their confidential nature (see 5.8) or high relative standard error of estimates (see 9.3).

## CHAPTER 8

## ESTIMATION

## 8.1 Types of estimates produced

For estimates relating to characteristics of persons (basic estimates), three categories of estimates were produced:

- . quarterly estimates at State and National levels
- . annual estimates at State and National levels
- . annual estimates at the regional level.

Derived statistics such as percentages, rates, averages etc were also produced for each of the above categories.

## 8.2 Procedure for basic estimates

To obtain basic estimates, expansion factors or 'weights' were applied to enable data provided by respondents to be expanded to obtain estimates of the figures that would have been obtained had all dwellings been included in the survey, ie to obtain estimates relating to the whole population within the scope of the survey.

8.2.1 Quarterly estimates at State and National levels: the weights applied for quarterly estimates were based initially on the probabilities of selection, which differed from stratum to stratum. An adjustment based on age-sex-area (metropolitan/non-metropolitan) population estimates or 'benchmarks' was then made to these weights, to ensure that the estimated population distribution from the survey conformed with the population distribution of the benchmarks. Complete details of the weights and estimation formulae are given in Appendix I. For a particular quarter, all respondents of the same age and sex within the same stratum effectively received the same weight.

8.2.2 Annual estimates at State and National levels: annual State and National estimates were formed by dividing the sum of the relevant quarterly estimates by four (ie an average of the quarterly estimates).

8.2.3 Annual estimates at the regional level: annual regional estimates were separately derived by applying weights based on the stratum probabilities of selection, adjusted according to regional age-sex benchmarks (see Appendix I for formulae).

### 8.3 Benchmarks

**8.3.1 Quarterly benchmarks:** the age-sex-area benchmarks used in quarterly estimation were based on quarterly population estimates produced regularly by the ABS, showing the total number of persons in Australia classified by age (5 year age groups), by sex and by part of State (metropolitan and non-metropolitan). Some adjustments were necessary to these figures because of the scope of the survey. For example, the survey did not include special dwellings (hospitals, nursing homes, hotels etc), Aboriginal settlements and rural components of the Northern Territory. An adjustment was made for special dwellings using data obtained from other surveys conducted by the ABS, and the Population Census. Northern Territory estimates were scaled according to the strata contained within the scope of the survey.

**8.3.2 Annual regional benchmarks:** regional benchmarks were obtained by distributing the annual part-of-State benchmarks in direct proportion to the 1976 Census populations in each region.

### 8.4 Production of derived statistics

Various derived statistics such as percentages, averages, rates etc were produced, usually for presentation in publications, from the basic estimates outlined above. The most common form of derived statistic was obtained by dividing survey estimates by the population benchmarks to obtain estimates such as 'percent of population affected' or 'rate per 1000 population'. Another common form of derived statistic was obtained by dividing one survey estimate by another to obtain estimates such as 'average events per person involved' or 'average characteristics per event'. The computation of a particular derived statistic can usually be readily determined from its title and no further explanation is required. However, derived statistics that may not be easily understood have been explained in detail in the publications in which they are presented.

## CHAPTER 9

## RELIABILITY OF ESTIMATES

Although care was taken to ensure that the estimates produced by the survey were as error free as possible, there are certain factors which effect the reliability of the results. One such factor is known as sampling variability. Other factors are collectively known as non-sampling errors.

## 9A SAMPLING VARIABILITY

Since the estimates are based on information obtained from a sample of the population, they are subject to sampling variability, that is they may differ from the figures that would have been obtained from a complete enumeration of the population using the same questionnaires and procedures. The imprecision due to sampling variability should not be confused with inaccuracies that may occur because of imperfections in reporting by interviewers and respondents. Inaccuracies of this kind are referred to as 'non-sampling error', and they may occur in any enumeration, whether it be a full count or only a sample and are discussed fully later.

## 9.1 Measure of sampling variability

One measure of sampling variability is the standard error. There are about two chances in three that a sample estimate will differ by less than one standard error from the estimate that would have been obtained if all dwellings had been included in the survey, and about nineteen chances in twenty that the difference will be less than two standard errors. The size of the standard error will depend upon both the size of the sample on which the estimate is based (ie the smaller the sample, the larger the standard error relative to the estimate) and the variability of the population units themselves. The relative standard error is the standard error expressed as a percentage of the estimate to which it relates.

## 9.2 Calculation of standard errors

Standard error estimates were computed using the split-halves method (see Appendix J). While this method is relatively stable, individual standard error estimates may be unstable, particularly for regional estimates. For this reason standard errors were not produced and presented for all estimates. Instead, a selection of estimates to be published was made in such a way that all types of estimates were represented. Standard errors for these estimates were then computed and used to fit 'smoothing' models relating standard errors to the sizes of the estimates. Separate

models were fitted for each region, for each State and Territory and for quarterly and annual estimates. Complete details of formulae for, application of, and presentation of standard errors are provided in Appendix J.

### 9.3 Suppression of estimates with high relative standard errors

Very small estimates may be subject to such high relative standard errors as to detract seriously from their value for most reasonable purposes. In the release of estimates from the Australian Health Survey, only estimates with relative standard errors of less than 25 per cent were considered sufficiently reliable for most purposes. However, estimates with relative standard errors of between 25 per cent and 50 per cent have been released with a warning to indicate that they are subject to high relative standard errors. Estimates with relative standard errors greater than 50 per cent have generally been suppressed.

### 9B NON-SAMPLING ERRORS

Every facet of the survey is a potential source of non-sampling error. The sources of non-sampling error of most relevance to this survey are discussed in the paragraphs that follow.

### 9.4 Application of scope and coverage

Errors can arise in the application of the scope and coverage rules outlined in Chapter 3.

9.4.1 Dwellings included or excluded: Some dwellings may have been inadvertently included or excluded because the distinctions between whether they were 'private' or 'special' dwellings may have been unclear, or because lists of 'special' dwellings were not completely current. All efforts are made to overcome such situations by constant updating of lists both before and during the survey.

9.4.2 Persons included or excluded: some persons may have been inadvertently included or excluded because of difficulties in applying the coverage rules concerning household visitors and other persons customarily excluded from surveys. Particular attention was paid to question design, and interviewer training to ensure that such cases were kept to a minimum.



## 9.5 Non-response

Although non-response through refusals and non-contact was minimised through frequent calls at dwellings and follow-ups (see 5.10) some non-response always occurs (see 5.12). Non-response can introduce a bias to the results obtained, particularly if the non-respondents have characteristics that are not representative of the general population. The estimation procedures (see 5.11) attempt to overcome, to a large degree, the non-response biases in the data.

## 9.6 Partial response

The effects of partial response are usually restricted to the questions which are not answered. Questions which suffered some degree of refusal are those which concern sensitive issues (eg the questions of the index of general well-being) or those which may be seen by some respondents as an invasion of their privacy (eg questions on income or birth control pills).

## 9.7 Questionnaire design and methodology

Questionnaire design and methodology can result in deficiencies in the results. Although all questionnaires are thoroughly tested before final adoption, some minor problems may remain. These are discussed in general terms below. Where they may have significant consequences for interpretation of results they are also raised in Chapter 10 under the topics affected.

**9.7.1 Wording of questions:** because of the nature of the topics being surveyed, some questions are likely to suffer more than usual from misinterpretation by respondents. For example, phrases like "cut down on the things you usually do" or "limited by illness" will not have been interpreted uniformly by all respondents.

**9.7.2 Prompt cards:** the use of prompt cards as an aid to response can also produce the problem of some respondents restricting their responses to the range of items listed. This may have arisen in the sections dealing with Recent illness and Chronic conditions, where prompt cards were a significant factor in the methodology. The detail contained in long prompt cards such as that used for Chronic conditions can also cause problems with respondent fatigue (ie loss of concentration).

**9.7.3 Time references:** the time periods used in relation to each topic were selected to suit the nature of the information being sought (see 5.4). However, for some topics, parts of the detail required may not have suited the time reference for all persons. This was evident from some of the replies obtained, for example, in questions on hospital episodes (see 10.9).

9.7.4 Underlying methodology: the methodology employed in some of the topics can influence the type of results obtained. This can particularly be the case if an indirect form of questioning is used (eg the two stage approach to the recent illness topic - see 6.1 and 10.2.1) although direct questioning can often produce more problems. Pilot testing ensured selection of the methodology which reduces problems to a minimum.

9.7.5 Complexity of the survey: the complexity of the survey can produce problems for interviewers and respondents, leading to data deficiencies. For example, assessment of results showed that in a small number of situations there was confusion with the questions and/or prompt cards on limitation of activities (due to chronic conditions) resulting in some respondents replying from the wrong prompt card. Consequently the records for those respondents contained incorrect information which could not be used in tabulations (results were shown as 'not stated').

## 9.8 Interviewer errors

Apart from the problems with questionnaire design, errors in reporting can also occur because of respondent or interviewer fatigue and because of variations in interviewers' perceptions of what respondents say. This may result in errors in the recording or transcription of answers onto the questionnaire (eg errors in the spelling of medical names, causing subsequent coding problems). However, selection, training and supervision of interviewers (see 5.6) would have lessened such problems.

## 9.9 Processing errors

The incidence of processing errors was controlled by the checking built into edit programs. However, problems did arise in maintaining consistency in the coding of illnesses (to ICD) because of the high level of vague reporting (particularly in the recent illness topic).

## CHAPTER 10

## NOTES ON INTERPRETATION OF RESULTS

A number of factors should be considered when interpreting estimates from this survey. While there are general factors which affect all estimates obtained, the extent to which each particular topic is affected depends both upon the nature of that topic and the use to which the estimates are to be put. This chapter, apart from discussing the general factors affecting interpretation, also highlights the special problems of interpretation associated with some of the topics covered in the survey.

### 10.1 Factors influencing interpretation of results generally

**10.1.1 Scope and coverage:** the scope and coverage of the survey (outlined in Chapter 3) defines the boundaries of the population to which estimates relate. The most important aspect of scope and coverage affecting the interpretation of Australian Health Survey results is that persons in institutions were not surveyed. Thus, survey estimates should be seen as relating to the non-institutionalised population of Australia. This point is particularly relevant when considering estimates of illnesses for which relatively higher proportions of persons are institutionalised (eg mental retardation, cerebral palsy).

**10.1.2 Sampling:** it is most important to remember that estimates are derived from only a sample of the population and are therefore subject to sampling variability. As discussed in Chapter 9, the standard error provides a measure of the sampling variability by indicating the extent to which an estimate might have varied by chance due to sampling. The smaller an estimate the higher is the relative standard error. Very small estimates would thus be subject to such high standard errors (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. Estimates with relative standard errors of less than 25 per cent are considered sufficiently reliable for most purposes. Although estimates with relative standard errors between 25 per cent and 50 per cent have been released, considerable care should be exercised in using them because they are subject to such high errors. Estimates with relative standard errors of greater than 50 per cent have not generally been released and although figures for these components can in some cases be derived by subtraction, they should not be regarded as reliable.

10.1.3 Personal interview and self-assessment nature of the survey: to meet the major objectives, the survey was designed as a personal interview questionnaire (with proxy interviews for children aged under 15 years) to obtain data on respondents' own perceptions of their state of health and use of health services as well as their own opinions of the effects of illness on their activities. Information obtained was therefore not necessarily based on any professional opinion (eg a doctor, nurse, dentist etc) or on information available from accounts or other records kept by respondents (eg bills, vaccination records etc). For this reason data from the survey is not necessarily compatible with that from other sources or collected by other methods.

10.1.4 Methodology: detailed interpretation of results should also consider the methodology employed in obtaining individual pieces of information (salient points of methodology were discussed in Chapter 6) since the method employed can often indicate relevant features of the results. The methodology will also highlight areas where data may not be compatible with that from other sources.

10.1.5 Question design: as an intrinsic part of methodology, the precise wording of questions (see 5.2) is most important in enabling accurate descriptions to be made of the results.

10.1.6 Time references: all results must be considered within the context of the time references (see 5.4) that apply to the various topics.

10.1.7 Coding framework: as a part of the overall methodology of the survey, the coding framework (ie categories and codes) not only delineates the detail which is available from the survey, but also provides insight into some of the data limitations.

10.1.8 Collection period: the survey collection period (1977-78) is an important feature when considering results in perspective, or when comparing them with data from other sources.

## 10.2 Recent illness

Interpretation of data on this topic should take particular account of the methodology used and the fact that it is based on respondents' perceptions of their illnesses.

10.2.1 Methodology employed for the recent illness topic: as pointed out in 6.1, the first stage of the questions on recent illness was designed to identify as many respondents as possible who were likely to be ill and likely to seek medical treatment of some kind. The first stage, therefore, asked respondents whether they had certain symptoms (usually associated with illness). The second stage was aimed at identifying the illnesses themselves, from these symptoms (complaints). Employment of this methodology does, however, produce a large number of seemingly minor conditions which may or may not ultimately present themselves as a health problem requiring medical treatment, although they may have caused pain or concern, or a reduction in activity. To obtain a more objective picture of the "illness" reported in this way, the survey asked respondents whether the condition caused pain or concern, whether they had consulted a doctor, or reduced activity (see 6.2). For most uses therefore, consideration of recent illness data should be in terms of these more objective aspects rather than just in terms of the total number of "illnesses" reported.

10.2.2 Self-perception of illness: although a structured questionnaire was used, the basis of all information obtained about recent illness is a respondent's perception and assessment of his/her condition(s). This does not seriously detract from the results because it is self-perceived ill health which is the most important cause of health service use. However, using self-perception does introduce some factors which may limit the usefulness of data for other purposes, (eg as an accurate measure of illness in society). Some of these factors are:

- . illnesses were described in respondents' own words. This would have meant some vagueness of descriptions or inaccuracy of reporting because information would not necessarily have been based on medical knowledge. Descriptions obtained in the survey varied from illness names (medical) to symptoms on non-medical factors (see 6.1.5 for examples of reporting and also 7.1.1 for discussion of the treatment of such cases in coding).
- . the effects of illnesses on people would have influenced their reporting. Conditions which have a considerable effect on people are likely to be better reported than those which have little effect. Conversely, it is likely that there would be some under-reporting of conditions which caused symptoms or limitations to which a person had adjusted. It should be remembered that the assessment by different respondents of the effect of a condition may differ, and that their answers to illness-related questions may differ even though the circumstances are similar. For example an illness reported as causing some concern or worry by one person, may not have been considered as such by another person. In addition people may be completely unaware of minor, and even some serious, illnesses they have.

### 10.3 Days of reduced activity due to illness or injury

Interpretation of data on this topic should consider the following:

10.3.1 Question wording: The question wording required some interpretation by respondents. Respondents were asked how many days they were in bed "all or most of the day" as a result of injury or illness in the previous fortnight. The concept of time in bed is relatively unambiguous, respondents either spent time in bed or they did not. However, individual assessments of 'all or most' would have differed. In relation to reduced activity respondents were asked if they had "to cut down on things they usually did", this phrase would have different meanings for different respondents. For example a housewife who did not do her shopping as usual on a Wednesday because she was ill might consider this as cutting down on what she usually did. She might with equal justification consider that she had not cut down on what she usually did, because she merely postponed shopping until another day and did not abandon it altogether.

10.3.2 The small amount of information obtained: insufficient information about a respondent's working or school week precludes a reliable assessment of the proportion of the work/school year lost because of days off.

### 10.4 Accidents

Data on accidents is limited by:

10.4.1 Definition: only a selected range of accidents could reasonably be considered in such a survey. Those accidents for which medical treatment or a stay in bed was NOT required (ie minor accidents) were excluded by definition. The data was also restricted to the two weeks reference period.

10.4.2 Actual incidence of accidents reported: because of the small number of accidents reported data could not be extensively tabulated and its usefulness is limited.

### 10.5 Chronic conditions

The information obtained about chronic conditions was also based on self-perception of illness. Some of the effects of this on interpretation of results were discussed under the recent illness topic (see 10.2.2). However, the wording used on the prompt card would have reduced the incidence of vague reporting of chronic conditions to a level less than for recent illness where the prompt cards and the approach used were different. Respondents may, however, have restricted themselves to the descriptions

shown on the prompt card (see 9.7.2). This topic may also have been affected by respondents' different interpretations of the concept of "limited by illness" used in the questions (see 9.7.1).

#### 10.6 Doctor consultations

Interpretation of data on this topic should take note of the following:

10.6.1 Time references: the reference period changed in this topic to satisfy different data requirements. Some detailed information on doctor consultations was elicited from those respondents who consulted a doctor in the previous three months before interview and more was obtained from those who had consulted a doctor in the previous two weeks before interview.

10.6.2 Persons excluded from some questions: apart from the time reference exclusions, persons who consulted a doctor by telephone, through another person or as a hospital in-patient were also excluded from the detailed questions because it was not expected that they would be able to provide suitable answers.

10.6.3 Methodology: the survey examined only six selected services that may have been arranged at the most recent consultation in the three months before interview. Details of any other services which might have occurred (such as minor surgery) were not sought. The survey provides only three categories for respondents to report their degree of satisfaction with what happened at their last consultation. As could be expected, the majority of respondents (66.8 per cent) placed themselves in the middle category thereby reducing the value of the results.

#### 10.7 Consultations with health professionals, other than doctors or dentists

Respondents were asked only about the specific health professionals listed in the questionnaire (see 6.8.1 and 6.8.2), and therefore consultations with any other type of health professional (eg acupuncturist, herbalist) were not enumerated.

#### 10.8 Use of medications

Generalised categories and lay terminology were used in the questions on the topic of medications, (see 6.10.3), to help respondents recognise the various types of medicines they were supposed to consider. Although the data is suitable for a general indication of types of medicines taken and an estimate of the extent of prescribed medicines, the general nature of the categories and the small amount of detail obtained would inhibit intensive analysis of results.

## 10.9 Episodes in Hospitals

Interpretation of hospital episode data should consider the following:

**10.9.1 Reference period:** respondents were asked to report only those episodes which occurred completely within the reference period of twelve months before interview, resulting in some underenumeration of all hospital days that would have occurred within that period. Also, although suited to the counting of occurrences of hospitalisation, the time reference (being 12 months) would have affected the quality of reporting of the length of stay details. It was found that although the questions were in terms of days, replies to length of stay questions were clustered around 'weeks' and 'months' and are therefore less accurate.

**10.9.2 Methodology:** in calculations of total days stay, episodes of less than one day which did not involve an overnight stay were given on effective length of stay of '0' days. Episodes of more than 80 days were given a length of stay of only '80'. As a result estimates of total days stay and average days stay should only be regarded as approximations.

**10.9.3 High sampling variability of some of the data obtained:** persons with long stays in hospital would have had a smaller probability of being interviewed (ie they had less chance of being at home at the time of the survey) and therefore any data relating to them would have higher than average standard errors, and therefore be less reliable. Since long stay patients are also more likely to be in nursing homes and psychiatric institutions, rather than hospitals, no attempt was made to specially identify them. For this reason, and the points in paragraphs 10.9.1 and 10.9.2, data relating to long stay patients is not considered to be statistically as reliable as data for short stay patients and results on length of stay should therefore be used with care.

## 10.10 Index of general well-being

In interpreting results from the Index of well-being, the following points should be considered:

**10.10.1 The original design of the index:** the 12 item score used in this section of the survey was originally developed as the first part of a two stage process for the identification of persons with specific types of non-psychotic psychiatric illness. However, in the Australian Health Survey the second stage (interview by a psychologist) was not carried out and interpretation of the results should only be done with this in mind. That is, the score only indicates a probability of non-psychotic psychiatric illness and should not be considered as having actually identified such persons as being ill.



10.10.2 The context of the questions: the original questions were validated in the form of a self-administered questionnaire by themselves, whereas their inclusion in the Australian Health Survey meant that each question was personally asked by the ABS interviewer among questions on other health subjects.

#### 10.11 Child vaccination

The answers to the questions on immunisation were based on the knowledge of one person in a household (generally the mother of the person) and were not necessarily based on reference to any immunisation records.



APPENDIX A  
PUBLICATION PROGRAM

A.1 Preliminary publications

Preliminary Bulletin no 1, September quarter 1977 (4309.0)  
released 24 April 1978.

Contains estimates of the incidence of illness and usage of health services for the Australian population. In particular, it provides estimates on recent illness, use of doctors and other health workers (including dentists), bed-disability days and days lost from work or school, and use of medicines. Results are based on information obtained from those households interviewed during the September quarter of the 1977-78 Australian Health Survey.

Preliminary Bulletin no 2, December quarter 1977 (4310.0)  
released 23 October 1978.

Contains results based on information obtained from households interviewed during the December quarter of the survey. Provides estimates of accidents, recent illness and chronic conditions, use of doctors, health insurance and use of medicines.

A.2 Final publications

Australian Health Survey 1977-78 (4311.0) released 20 April 1979.

First results based on information collected from all households interviewed during the 12 months of the survey. Estimates are of the health of the population and the use of health services. Topics covered are recent illness and chronic conditions, bed-disability days and days lost from work or school, use of doctors and other health workers (including dentists) and use of medicines.

Accidents (4313.0) released 16 November 1979.

Contains data relating to the incidence of accidents and related details in the 2 week period before interview. Details include the place of occurrence of accident, parts of body injured, type of injury, and the event which resulted in injury.

Chronic Conditions (illnesses and permanent disabilities)  
(4314.0) released 30 July 1980.

Contains statistics of persons suffering from chronic conditions and activity limitations - classified according to age, sex, marital status, State of residence, number and type of chronic conditions with degree of activity limitation, whether a doctor was consulted and, in the case of immigrants, the country of birth and the year of arrival in Australia.

Sabin and Triple Antigen Vaccination (persons aged 2 to 5 years)  
(4316.0) released 21 April 1980.

Contains estimates of the number of doses received and the place at which immunisation was received for Sabin and Triple Antigen vaccine. Persons are classified by sex, State, year of arrival of mother in Australia (if born overseas) and education level of mother.

Episodes (admissions and discharges) in Hospitals (4317.0)  
released 16 January 1981

Contains estimates of the number of persons, total days stay and average days stay of persons with episodes in hospitals in the twelve month period before interview, classified by age, sex, State of residence, length of stay and reason for most recent episode.

Recent Illness (4318.0) released 7 April 1981

Contains statistics of persons who had experienced illnesses, injuries and other health problems which had caused complaints or symptoms in the two weeks prior to interview - classified according to age, sex, State, number and type of recent illness degree of concern or pain, whether or not a doctor was consulted, days of reduced activity, symptoms experienced and, in the case of immigrants, country of birth.

Doctor Consultations (4319.0) released 23 December 1980

Contains data relating to consultations with doctors, including period since last consultation, number of consultations in the two weeks prior to interview, type of doctor consulted, main reason for consultation, type of service arranged, satisfaction with consultation and location of consultation - classified by age, sex and State of residence.

Days of Reduced Activity due to Illness or Injury (4321.0)  
released 10 February 1981

Contains data relating to days of reduced activity in the two weeks prior to interview, including bed-disability days, days lost from school, and from work. Classifications are by age, sex, State of residence, number of recent illnesses reported and usual major activity.

Consultations with Health Professionals (excluding doctors and dentists) (4322.0) released 4 March 1981

Contains estimates of persons consulting health professionals other than doctors and dentists. It includes such persons as chemists, optometrists, physiotherapists, social workers, nurses, chiropodists, chiropractors, naturopaths and osteopaths. Classifications are by age, sex, State of residence and, in the case of immigrants, country of birth.

A.3 General publications

Information Paper (4340.0)

This paper sets out the subjects included in the Survey, and lists the Regions included in the sample population.

Outline of Concepts, Methodology and Procedures Used (4323.0)

This publication contains an outline of concepts, methodology and procedures used in the Australian Health Survey 1977-78. Included are discussions of the survey background, objectives, scope and coverage, sample design and selection, questionnaire and collection, response to the survey, processing, estimation procedure, reliability of estimates and interpretation of results.



# APPENDIX B

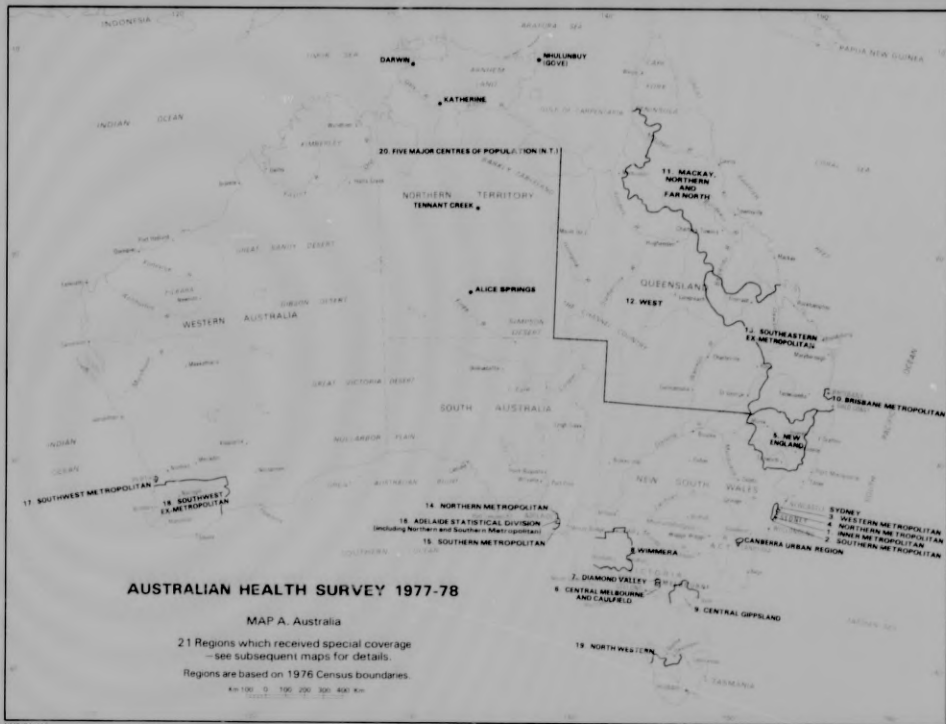
## REGIONAL MAPS

The 21 health regions illustrated in this Appendix, were designated by State Health Authorities to be of special interest and have been given special coverage in the survey.

### B.1 Contents of maps

Map A shows Australia with each of the 21 regions identified. The maps that follow illustrate the boundaries of each region.

| STATE  | REGION                                                                                                | MAP |
|--------|-------------------------------------------------------------------------------------------------------|-----|
| N.S.W. | 1. Inner Metropolitan                                                                                 | B   |
|        | 2. Southern Metropolitan                                                                              | B   |
|        | 3. Western Metropolitan                                                                               | B   |
|        | 4. Northern Metropolitan                                                                              | B   |
|        | 5. New England                                                                                        | C   |
| Vic.   | 6. Central Melbourne and Caulfield                                                                    | D   |
|        | 7. Diamond Valley                                                                                     | D   |
|        | 8. Wimmera                                                                                            | E   |
|        | 9. Central Gippsland                                                                                  | E   |
| Qld.   | 10. Brisbane Metropolitan                                                                             | F   |
|        | 11. Mackay, Northern and Far North                                                                    | G   |
|        | 12. West                                                                                              | G   |
|        | 13. Southeastern Ex-Metropolitan                                                                      | G   |
| S.A.   | 14. Northern Metropolitan                                                                             | H   |
|        | 15. Southern Metropolitan                                                                             | H   |
|        | 16. Adelaide Statistical Division (including Northern and Southern Metropolitan)                      | H   |
| W.A.   | 17. Southwest Metropolitan                                                                            | I   |
|        | 18. Southwest Ex-Metropolitan                                                                         | J   |
| Tas.   | 19. North Western                                                                                     | K   |
| N.T.   | 20. Five major centres of population: Darwin, Katherine, Tennant Creek, Alice Springs, Gove-Nhulunbuy | L   |
| A.C.T. | 21. Canberra                                                                                          | M   |





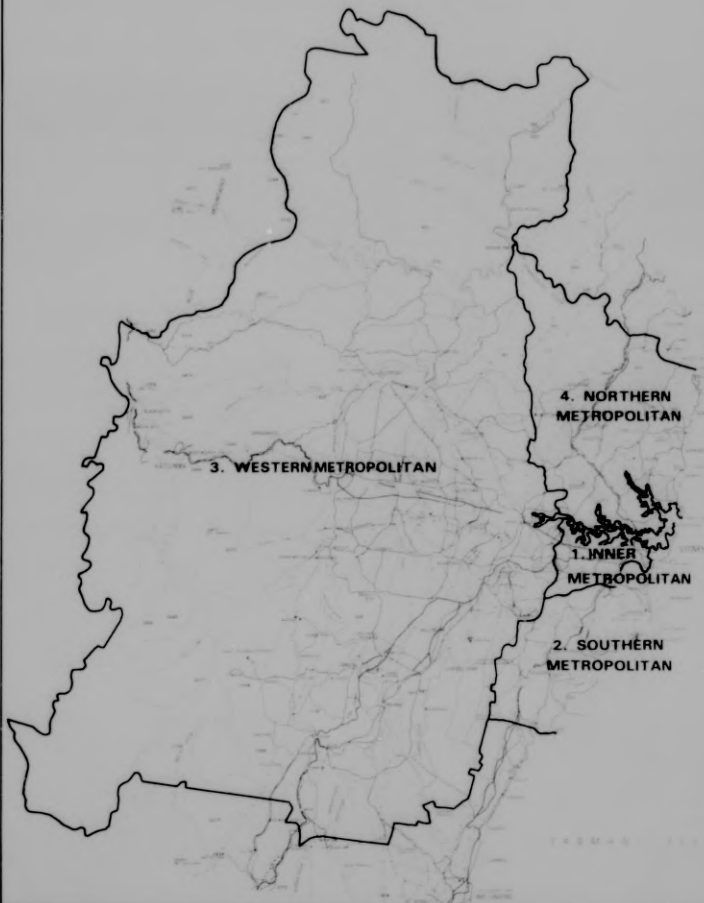
# AUSTRALIAN HEALTH SURVEY 1977-78

MAP B. Sydney

Inner Metropolitan, Southern Metropolitan,  
Western Metropolitan and Northern  
Metropolitan Regions.

Regions are based on 1976 Census boundaries.

Kilometres 0 10 20 30 40 Kilometres



## MAP C. New South Wales

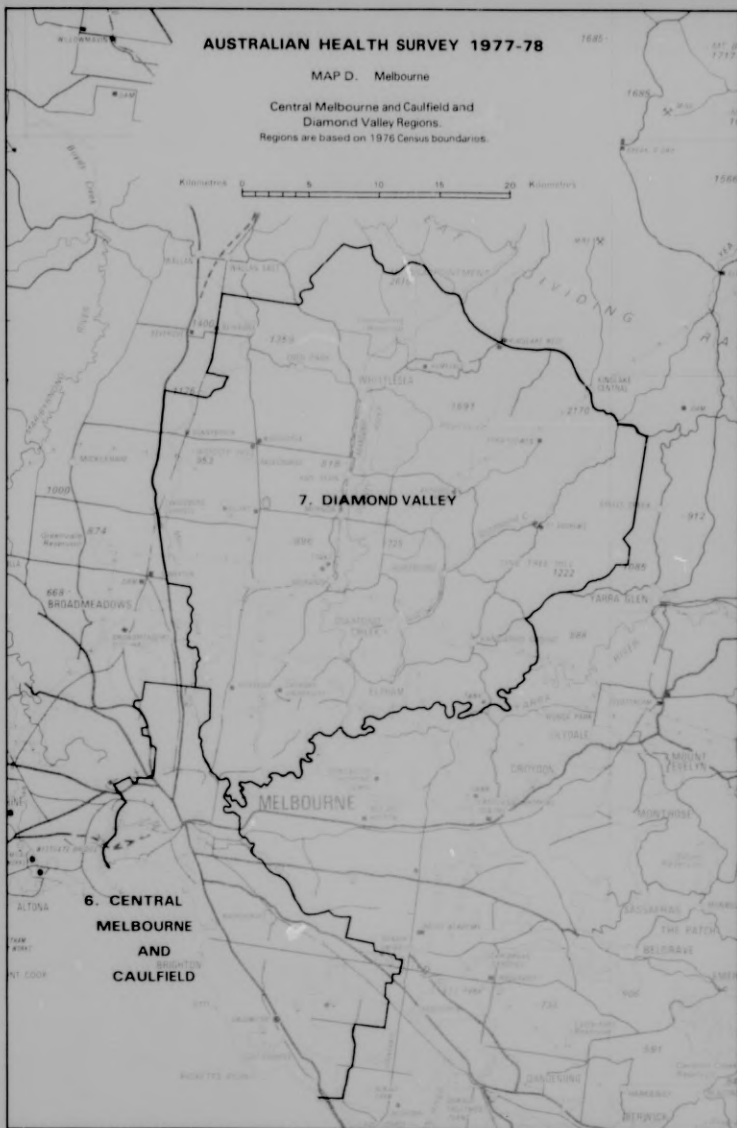
Region is based on 1976 Census boundaries.



# AUSTRALIAN HEALTH SURVEY 1977-78

MAP D. Melbourne

Central Melbourne and Caulfield and  
Diamond Valley Regions.  
Regions are based on 1976 Census boundaries.



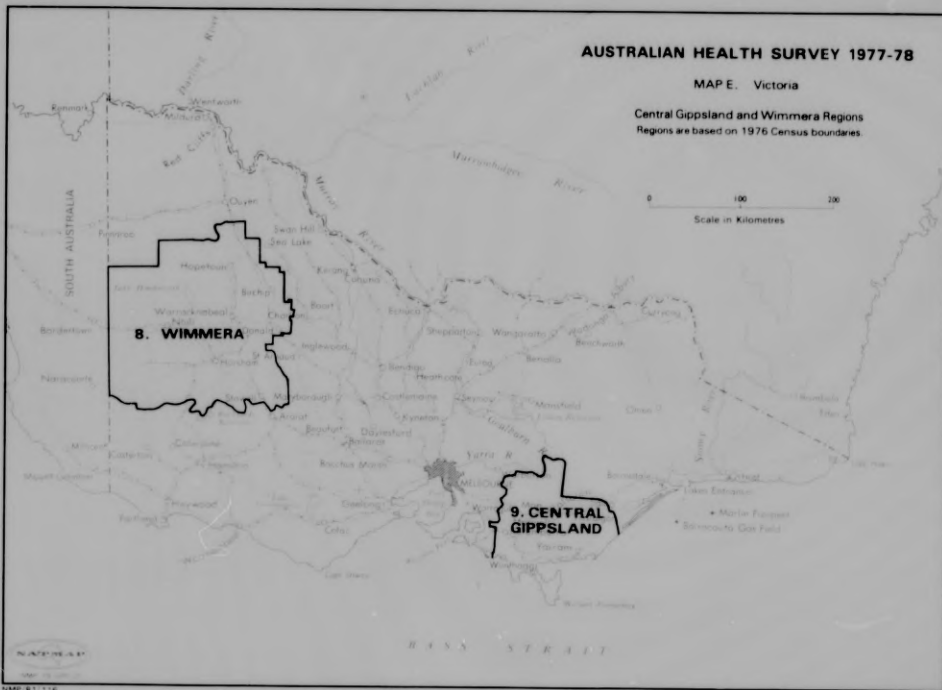
**AUSTRALIAN HEALTH SURVEY 1977-78**

**MAP E. Victoria**

**Central Gippsland and Wimmera Regions**  
Regions are based on 1976 Census boundaries.

0 100 200

Scale in Kilometres

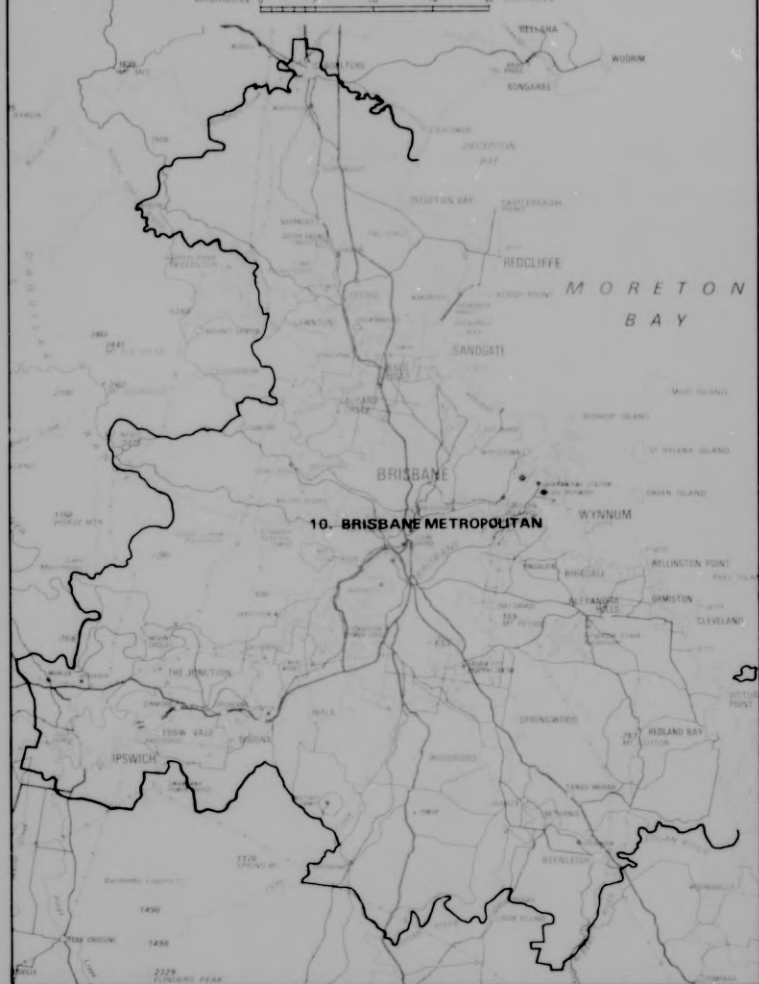


# AUSTRALIAN HEALTH SURVEY 1977-78

MAP F. Brisbane

Brisbane Metropolitan Region  
Region is based on 1976 Census boundaries

Kilometres 0 5 10 15 20 Kilometres



10. BRISBANE METROPOLITAN

# AUSTRALIAN HEALTH SURVEY 1977-78

MAP G. Queensland

Southeastern Ex-Metropolitan, West and Mackay,  
Northern and Far North Regions.  
Regions are based on 1976 Census boundaries.

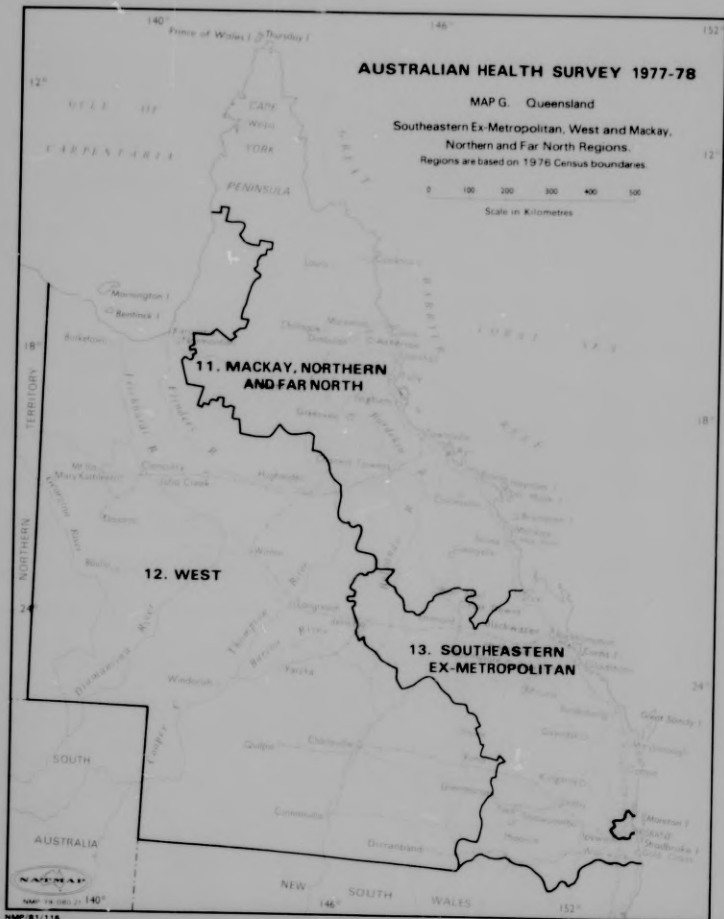
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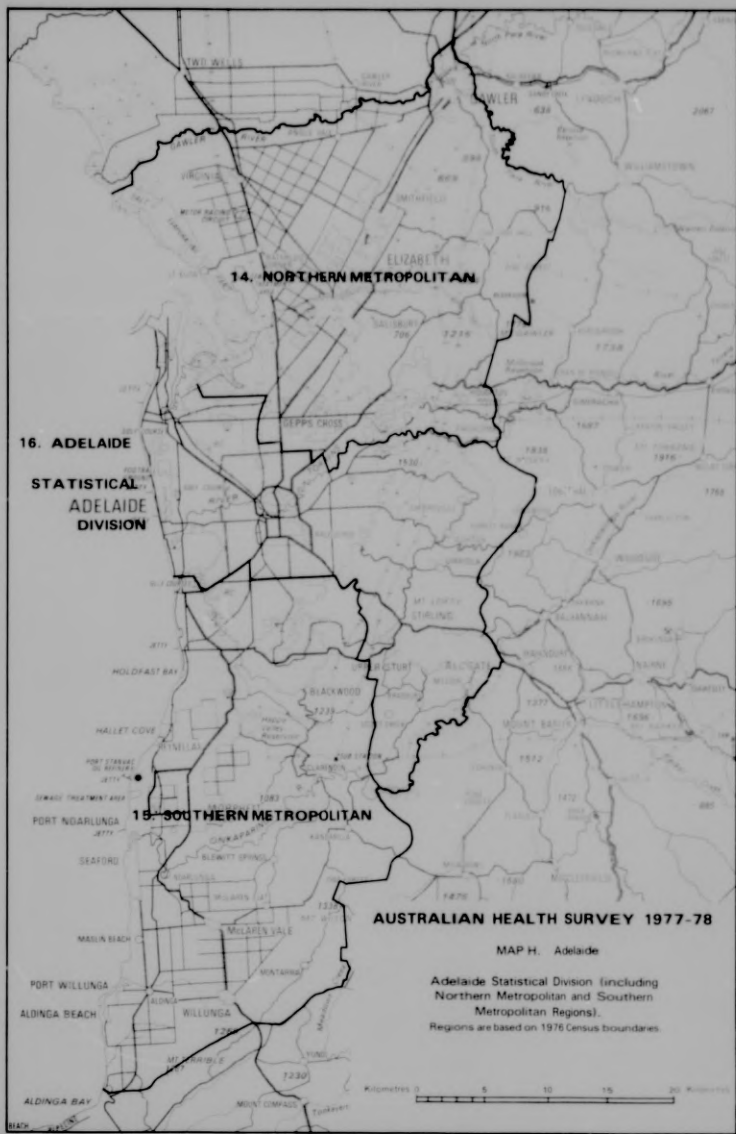
Scale in Kilometres

11. MACKAY, NORTHERN  
AND FAR NORTH

12. WEST

13. SOUTHEASTERN  
EX-METROPOLITAN

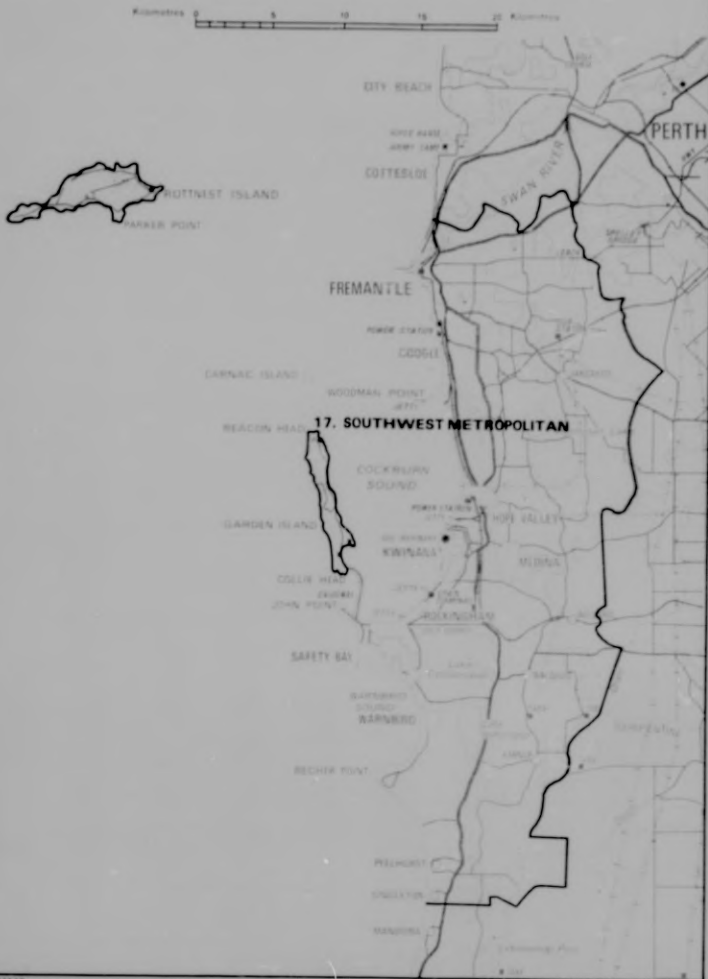




# AUSTRALIAN HEALTH SURVEY 1977-78

MAP I. Perth

Southwest Metropolitan Region  
Region is based on 1976 Census boundaries.







# AUSTRALIAN HEALTH SURVEY 1977-78

MAP J. Western Australia

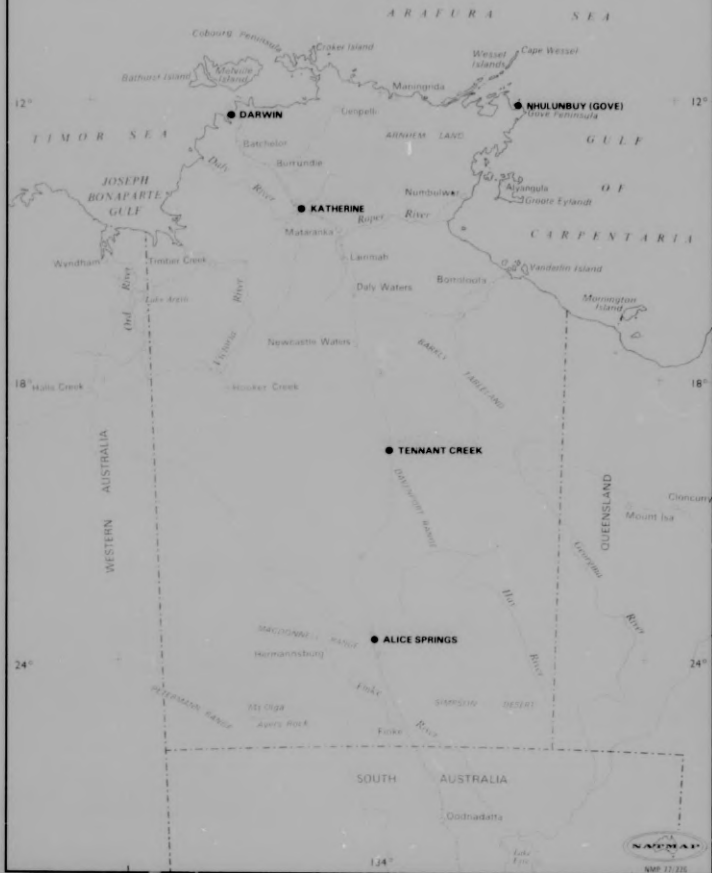
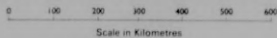
Southwest Ex-Metropolitan Region  
Region is based on 1976 Census boundaries.

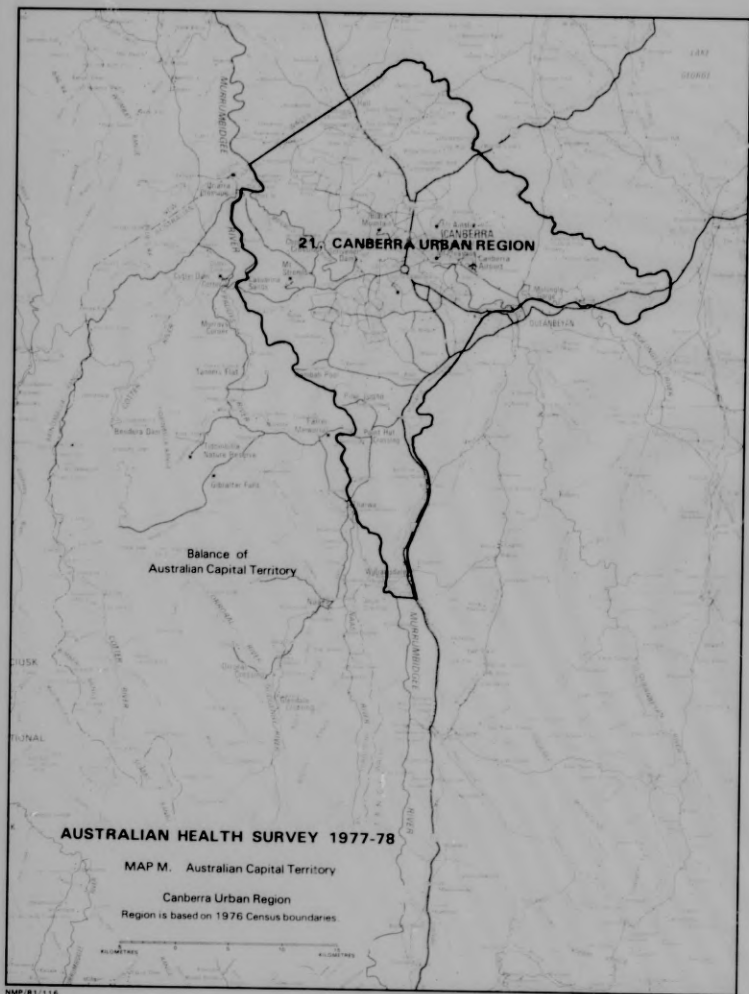


## AUSTRALIAN HEALTH SURVEY 1977-78

MAP L. Northern Territory

Five Major Centres of Population (Region 20)





## APPENDIX C

## THE HOUSEHOLD QUESTIONNAIRE

The Household questionnaire (H1) is a control form filled out by the interviewer, which identifies all the persons in a selected household and provides a record of the questionnaires completed by those persons.

Information collected on the H1 is restricted to demographic characteristics, coverage rules and basic items for survey operation.

## AUSTRALIAN BUREAU OF STATISTICS

FORM III

AUSTRALIAN HOUSEHOLD SURVEY

AUSTRALIAN BUREAU OF STATISTICS

INTERVIEWER NO.

WORKLOAD NO.

P.S.U.

BLOCK

DWELLING

HOUSEHOLD

RECORD NO.

Address

Further Identification

1

COULD YOU TELL ME THE NAMES OF ALL THE USUAL MEMBERS OF YOUR HOUSEHOLD, COMMENCING WITH THE HEAD OF THE HOUSEHOLD? (record details below)

Boarders are included in the household

Lodgers are included in a separate household (see a separate H/I)

| SURNAME | FIRST NAME | RELATIONSHIP | INCOME UNIT<br>OFFICE<br>USE<br>ONLY | SEX<br>M = 1<br>F = 2 | AGE<br>LAST<br>B'DAY | MAR<br>STAT<br>M = 1<br>PS = 2<br>NM = 3<br>W = 4<br>D = 5 | COUNTRY<br>OR<br>BIRTH | YEAR<br>OF<br>ARR | CB = 1<br>VD = 2 | GRU = 1<br>COOP = 2<br>R = 3<br>PS = 4<br>NC = 5<br>SICK = 6<br>FLI = 7 |
|---------|------------|--------------|--------------------------------------|-----------------------|----------------------|------------------------------------------------------------|------------------------|-------------------|------------------|-------------------------------------------------------------------------|
| 01      |            | HEAD         |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 02      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 03      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 04      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 05      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 06      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 07      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 08      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 09      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |
| 10      |            |              |                                      |                       |                      |                                                            |                        |                   |                  |                                                                         |

2. ARE THERE ANY VISITORS STAYING WITH YOUR HOUSEHOLD?

Yes

No. Go to Q 3

3. WHEN WILL BE RETURNING TO HIS/HER USUAL HOME?

Within workload period, exclude visitor and go to Q 3

If after workload period, go to Q 4

No. of visitors excluded

4. WHEN DID LEAVE HIS/HER USUAL HOME?

Within workload period, exclude visitor

If before workload period, include visitor

No. of visitors excluded

5. Separate Guide

For first household interviewed at this address

Go to Q 5

For any other households at this address

Go to Q 9

6. ARE THERE ANY OTHER PEOPLE LIVING AT THIS ADDRESS?

Yes

No. Go to Q 8

|                         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|-------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|----------|----------|----------|
| <b>1</b>                | <b>DO</b> <span style="float: right;"><b>WRITE AS A SEPARATE HOUSEHOLD</b></span>                             | <b>Yes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Use a separate H1</b>                                                | <b>No</b> <span style="float: right;"><b>Record details on form</b></span> |          |          |          |
| <b>2</b>                | Record total number of households at this address                                                             | <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>                                                                                                                                                                                                                         |                                                                         |                                                                            |          |          |          |
| <b>3</b>                | ANY OF THE USUAL MEMBERS OF YOUR HOUSEHOLD AWAY AT PRESENT?                                                   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> |                                                                            |          |          |          |
|                         |                                                                                                               | No                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Go to Q 13                                                              |                                                                            |          |          |          |
| <b>10</b>               | WHEN WILL BE RETURNING?                                                                                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                            |          |          |          |
|                         | If within workweek period, interview person on return. Go to Q 13                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|                         | If after workweek period, go to Q 11                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
| <b>11</b>               | WHEN DID LEAVE?                                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                                                                            |          |          |          |
|                         | If within workweek period, include person and go to Q 13                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|                         | If before workweek period, exclude person and go to Q 12                                                      | No. of people excluded                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                                                                            |          |          |          |
|                         |                                                                                                               | <div style="border: 1px solid black; width: 20px; height: 20px;"></div>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                            |          |          |          |
| <b>12</b>               | For each person excluded, find out if he/she is in hospital and obtain details of reasons for hospitalization | Number of people in hospital<br><div style="border: 1px solid black; width: 20px; height: 20px;"></div>                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                            |          |          |          |
| <b>13</b>               | Sequency Guide<br>If dwelling is in regional sample<br>Otherwise                                              | Go to Q 14<br>Proceed to H2                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |                                                                            |          |          |          |
| <b>14</b>               | Show Card A - Map<br>WHEN DID (head of household)                                                             | MOVE TO THIS AREA?<br>4 weeks ago or less<br>More than 4 weeks to 3 months ago<br>More than 3 months to 12 months ago<br>More than 12 months to 5 years ago<br>More than 5 years ago                                                                                                                                                                                                                                                                     |                                                                         |                                                                            |          |          |          |
|                         |                                                                                                               | <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> |                                                                         |                                                                            |          |          |          |
| <b>15</b>               | <b>STATUS</b>                                                                                                 | <b>Original Interviewer to Complete</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Follow-up Interviewer to Complete</b>                                |                                                                            |          |          |          |
|                         | Complete Household 2 is                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|                         | Co-operative                                                                                                  | 01                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 01                                                                      |                                                                            |          |          |          |
|                         | Refusal                                                                                                       | 02                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 02                                                                      |                                                                            |          |          |          |
|                         | Non-contact                                                                                                   | 03                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 03                                                                      |                                                                            |          |          |          |
|                         | Recent death or illness                                                                                       | 04                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 04                                                                      |                                                                            |          |          |          |
|                         | Foreign Language Interviewers required*                                                                       | 05                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 05                                                                      |                                                                            |          |          |          |
|                         | Out on average                                                                                                | 06                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 06                                                                      |                                                                            |          |          |          |
|                         | Out on average                                                                                                | 07                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 07                                                                      |                                                                            |          |          |          |
|                         | Vacant Dwelling                                                                                               | 08                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 08                                                                      |                                                                            |          |          |          |
|                         | Dwelling listed as wreck, demolished, under construction, converted to non-dwelling use, or deserted          | 09                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09                                                                      |                                                                            |          |          |          |
|                         | Part of Household is                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|                         | Refusal, non-contact, recent death or illness, or requires foreign language interview*                        | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10                                                                      |                                                                            |          |          |          |
|                         | Other (Specify)                                                                                               | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11                                                                      |                                                                            |          |          |          |
| * Language              |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
| <b>COMMENTS</b>         |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
| <b>DETAILS OF CALLS</b> |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
|                         | 1ST CALL                                                                                                      | 2ND CALL                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3RD CALL                                                                | 4TH CALL                                                                   | 5TH CALL | 6TH CALL | 7TH CALL |
| DAY                     |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
| TIME                    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |
| OCT                     |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                            |          |          |          |

## APPENDIX D

## THE ADULT QUESTIONNAIRE

The Adult questionnaire (H2) was used to collect data by personal interview with each individual aged 15 and over (proxy interviews were conducted in some instances, see 5.7.2).

## D.1 Questionnaire conventions

The following conventions apply to the survey questionnaires shown on the subsequent pages:

- . all instructions to interviewers are printed on the questionnaire in italics
- . all questions to be asked of the respondent are printed in capitals
- . code or answer categories printed in capitals were also to be read out to the respondent; those printed in lower case were not to be read out to the respondent
- . where code or answer boxes are linked (by a line joining them) only one box was to be ticked; where boxes are not linked, any number could be ticked
- . generally, only those boxes shown in the right-hand column were entered onto data tapes
- . in questions which had code boxes in the body of the question as well as, or instead of, boxes in the right-hand column, those boxes were also to be ticked, or have a number entered in them as appropriate
- . interviewer attention was directed to sequence guides, to ensure that the correct questions were asked of respondents. Code boxes in sequence guides were always to be ticked, and all questions sequenced were to be asked even where the answer was obvious
- . questions were to be asked exactly as they were worded in the questionnaire; rewording was forbidden, in order to avoid biasing answers
- . in questions with alternative wordings shown in brackets, interviewers were to select the wording appropriate to the respondent's situation
- . the questions on the questionnaire which contain a line of dashes were to be completed according to the instruction in italics appearing just before the line of dashes, or with the name of the person to whom the question applied, as appropriate.

## D.2 Contents of questionnaire

| TOPIC                                                                      | QUESTIONS |
|----------------------------------------------------------------------------|-----------|
| Usual major activity and employment details                                | 1-7       |
| Recent illness                                                             | 8-29      |
| Days of reduced activity                                                   | 21-27     |
| Accidents                                                                  | 30-51     |
| Index of general well-being                                                | 52-65     |
| Chronic conditions and associated activity limitations                     | 66-78     |
| Doctor consultations                                                       | 79-100    |
| Episodes in hospitals                                                      | 101-104   |
| Consultations with health professionals other than<br>doctors and dentists | 105       |
| Use of medicines                                                           | 106       |
| Consultations with dentists                                                | 107-108   |
| Health insurance                                                           | 109-117   |
| Income                                                                     | 118-119   |
| Education                                                                  | 120-123   |
| Fluency in English                                                         | 124-125   |



P.S.U. ☐  
BLOCK  
DWELLING  
HOUSEHOLD  
PERSON  
RECORD NO.

BLOK

## DWELLING

HOUSEHOLD

PERSON

RECORD NO.

**CONFIDENTIAL**



**AUSTRALIAN BUREAU  
OF STATISTICS**

# AUSTRALIAN HEALTH SURVEY 1977-78

**adult questionnaire**  
**15 years and over**

|                                                                                                  |                          |                            |
|--------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
| 1. Show Card B                                                                                   |                          |                            |
| WHAT IS YOUR USUAL MAJOR ACTIVITY?                                                               |                          |                            |
| Working in a job, trade, business or profession                                                  | 1                        | <input type="checkbox"/>   |
| Retired                                                                                          | 2                        | <input type="checkbox"/>   |
| Engaged in home duties                                                                           | 3                        | <input type="checkbox"/>   |
| Permanently unable to work                                                                       | 4                        | <input type="checkbox"/>   |
| Go to Q 8                                                                                        |                          |                            |
| Full-time tertiary student                                                                       | 5                        | <input type="checkbox"/>   |
| School student                                                                                   | 6                        | <input type="checkbox"/>   |
| Some other activity                                                                              | 7                        | <input type="checkbox"/>   |
| 2. LAST WEEK, DID YOU DO ANY WORK IN A JOB OR BUSINESS?                                          |                          |                            |
| Yes                                                                                              | Go to Q 4(a)             | <input type="checkbox"/> 1 |
| No                                                                                               |                          | <input type="checkbox"/> 2 |
| 3. DID YOU HAVE A JOB OR BUSINESS FROM WHICH YOU WERE AWAY THAT WEEK?                            |                          |                            |
| Yes                                                                                              | Go to Q 4(b)             | <input type="checkbox"/> 1 |
| No                                                                                               | Go to Q 8                | <input type="checkbox"/> 2 |
| 4(a) HOW MANY HOURS DID YOU ACTUALLY WORK LAST WEEK IN ALL YOUR JOBS?                            |                          |                            |
| 4(b) HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK IN ALL YOUR JOBS?                              |                          |                            |
| 1-15 hours                                                                                       | 1                        | <input type="checkbox"/>   |
| 16-34 hours                                                                                      | 2                        | <input type="checkbox"/>   |
| 35-44 hours                                                                                      | 3                        | <input type="checkbox"/>   |
| 45 hours or more                                                                                 | 4                        | <input type="checkbox"/>   |
| Go to Q 7                                                                                        |                          |                            |
| 5. <u>Importance Grade</u>                                                                       |                          |                            |
| If grade 1 in Q 2 (worked last week)                                                             | Go to Q 6                | <input type="checkbox"/>   |
| Otherwise                                                                                        | Go to Q 7                | <input type="checkbox"/>   |
| 6. DO YOU USUALLY WORK LESS THAN 35 HOURS PER WEEK?                                              |                          |                            |
| Yes                                                                                              |                          | <input type="checkbox"/> 1 |
| No                                                                                               |                          | <input type="checkbox"/> 2 |
| 7(a) WHAT KIND OF WORK DO YOU DO?                                                                |                          |                            |
| 7(b) ARE YOU SELF-EMPLOYED?                                                                      |                          |                            |
| Yes                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>   |
| No                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8. THE NEXT FEW QUESTIONS REFER TO THE LAST TWO WEEKS, THE WEEKS OUTLINED IN RED ON THE CALENDAR |                          |                            |
| Give Calendar to Respondent                                                                      |                          |                            |

9a) Show Card C

HERE IS A LIST OF COMPLAINTS THAT PEOPLE OFTEN HAVE. WOULD YOU PLEASE TELL ME IF YOU HAVE HAD ANY OF THESE DURING THE LAST TWO WEEKS?

Read the complaints slowly.

9b) Show Card D

I'M STILL TALKING ABOUT THE LAST TWO WEEKS

Read the complaints slowly.

9c) Show Card E

ANY OF THESE IN THE LAST TWO WEEKS?

Read the complaints slowly.

9d) Show Card F

HERE IS THE LAST CARD. HAVE YOU HAD ANY OF THESE COMPLAINTS IN THE LAST TWO WEEKS?

Read the complaints slowly.

10. THE COMPLAINTS LISTED ON THE CARDS ARE EXAMPLES ONLY. HAVE YOU HAD ANY OTHER COMPLAINTS AT ALL DURING THE LAST TWO WEEKS?

Yes ☐ Tick box 27 on page 2 and record details of any other complaints. Then go to Q 11

No ☐

11. Sequencer Guide

If no complaints mentioned in Q 9 or Q 10 ☐ Tick box 28 and go to Q 21

If one complaint mentioned ☐ Go to Q 12(a)

If more than one complaint mentioned ☐ Go to Q 12(b)

12(a) WHAT WAS THIS COMPLAINT DUE TO?

12(b) WHAT WERE THESE COMPLAINTS DUE TO?

Record each condition mentioned and tick complaints due to that condition. When all complaints accounted for, go to Q 13

13. Sequencer Guide

If pregnancy mentioned as a condition ☐ Go to Q 15

If married female under 40 years of age ☐ Go to Q 14

Otherwise ☐ Go to Q 15

14. WERE ANY OF THESE COMPLAINTS WAS THIS COMPLAINT } DUE TO PREGNANCY?

Yes ☐ Record on opposite page

No ☐

|                                                          | Condition 1                 | Condition 2                 | Condition 3                 | Condition 4                 | Condition 5                 |
|----------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Card C</b>                                            |                             |                             |                             |                             |                             |
| SORE THROAT, COLD                                        | 1 <input type="checkbox"/>  | 1 <input type="checkbox"/>  | 1 <input type="checkbox"/>  | 1 <input type="checkbox"/>  | 1 <input type="checkbox"/>  |
| COUGH OR BRINGING UP PHLEGM                              | 2 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | 2 <input type="checkbox"/>  | 2 <input type="checkbox"/>  |
| SHORTNESS OF BREATH AT NIGHT OR WITH LIGHT EXERCISE      | 3 <input type="checkbox"/>  | 3 <input type="checkbox"/>  | 3 <input type="checkbox"/>  | 3 <input type="checkbox"/>  | 3 <input type="checkbox"/>  |
| FEELING TENSE OR NERVOUS                                 | 4 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | 4 <input type="checkbox"/>  | 4 <input type="checkbox"/>  |
| FEELING ANXIOUS                                          | 5 <input type="checkbox"/>  | 5 <input type="checkbox"/>  | 5 <input type="checkbox"/>  | 5 <input type="checkbox"/>  | 5 <input type="checkbox"/>  |
| FEELING DEPRESSED                                        | 6 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | 6 <input type="checkbox"/>  | 6 <input type="checkbox"/>  |
| TROUBLE SLEEPING                                         | 7 <input type="checkbox"/>  | 7 <input type="checkbox"/>  | 7 <input type="checkbox"/>  | 7 <input type="checkbox"/>  | 7 <input type="checkbox"/>  |
| <b>Card D</b>                                            |                             |                             |                             |                             |                             |
| SEVERE HEADACHE                                          | 8 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | 8 <input type="checkbox"/>  | 8 <input type="checkbox"/>  |
| DIZZINESS                                                | 9 <input type="checkbox"/>  | 9 <input type="checkbox"/>  | 9 <input type="checkbox"/>  | 9 <input type="checkbox"/>  | 9 <input type="checkbox"/>  |
| UNUSUAL WEAKNESS OR TIREDNESS                            | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| JOINT PAIN OR SWELLING OR ARTHRITIS                      | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| PAIN IN LEGS                                             | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| SEVERE BACKACHE                                          | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| MUSCLE PAINS                                             | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> |
| <b>Card E</b>                                            |                             |                             |                             |                             |                             |
| UPSET STOMACH, VOMITING, DIARRHOEA OR STOMACH PAIN       | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| CHEST PAIN                                               | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| EAR ACHES OR DRAINING EAR                                | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> |
| RINGING IN THE EAR                                       | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> |
| SKIN RASH                                                | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| SERIOUSLY OVERWEIGHT                                     | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| HEART TROUBLE                                            | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| <b>Card F</b>                                            |                             |                             |                             |                             |                             |
| UNUSUAL BLEEDING FROM ANY PART OF THE BODY               | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |
| FREQUENT OR PAINFUL URINATION, KIDNEY OR BLADDER TROUBLE | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| LOSS OF APPETITE                                         | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| DIFFICULTY WITH EYE SIGHT EVEN WITH GLASSES              | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| OTHER COMPLAINT DUE TO ACCIDENT OR INJURY                | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| Go to Q 18                                               |                             |                             |                             |                             |                             |
| ANY OTHER COMPLAINTS                                     | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> |
| NO COMPLAINTS Go to Q 21                                 | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> |

|                                                                                                                     | Condition 1                | Condition 2                | Condition 3                | Condition 4                | Condition 5                |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>15. HOW LONG DID THIS (condition) LAST?</b>                                                                      |                            |                            |                            |                            |                            |
| 24 hours or less                                                                                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| More than 24 hours (1-3 weeks)                                                                                      | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| More than 3 weeks to 2 months                                                                                       | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| More than 2 months to 3 months                                                                                      | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| More than 3 months to 6 months                                                                                      | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| More than 6 months                                                                                                  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <b>16. THINK ABOUT THE LAST 2 WEEKS DID THIS (condition) CONCERN YOU OR PAIN YOU A LOT, SOMEWHAT OR NOT AT ALL?</b> |                            |                            |                            |                            |                            |
| A lot                                                                                                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Somewhat                                                                                                            | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Not at all                                                                                                          | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <b>17. DID YOU CONSULT A DOCTOR ABOUT THIS (condition) ANY TIME IN THE LAST 2 WEEKS?</b>                            |                            |                            |                            |                            |                            |
| Yes (If no more conditions, go to Q 20. Otherwise, ask Q 18.)                                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| No                                                                                                                  | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |

|                                                                                 | Condition 1                 | Condition 2                 | Condition 3                 | Condition 4                 | Condition 5                 |
|---------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>18. WHY DID YOU CONSULT A DOCTOR?</b>                                        |                             |                             |                             |                             |                             |
| Doctor's advice sought previously (including under treatment) for the condition | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| Here made arrangements to see about it                                          | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 |
| Not serious enough to bother a doctor about                                     | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 |
| Doctors cannot help on this condition                                           | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 |
| Don't like going to doctors                                                     |                             |                             |                             |                             |                             |
| — doctors "swine"                                                               | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 |
| — personal fears, anxieties etc.                                                | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 |
| Couldn't afford the time                                                        | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 |
| Medical service too expensive                                                   | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 |
| No transport                                                                    | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 |
| Other (specify) — — — — —                                                       | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| <b>19. Sequence Guide</b>                                                       |                             |                             |                             |                             |                             |
| If one reason only, enter code in Q 20                                          | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
| If more than one reason, ask Q 20                                               |                             |                             |                             |                             |                             |
| <b>20. WHAT WAS YOUR MAIN REASON?</b>                                           |                             |                             |                             |                             |                             |
| Enter code from Q 18                                                            | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    | <input type="checkbox"/>    |
| If Q's 15-20 completed for all conditions, go to Q 21                           |                             |                             |                             |                             |                             |
| Otherwise, ask Q's 15-20 of next condition                                      |                             |                             |                             |                             |                             |

|                                                                                                                           |                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------|
| 21. DURING THE LAST TWO WEEKS DID YOU STAY IN BED BECAUSE OF ANY ILLNESS OR INJURY?                                       | Yes <input type="checkbox"/> Go to Q 22<br>No <input type="checkbox"/> Go to Q 23(b) | <input type="checkbox"/> 00<br><input type="checkbox"/> |
| 22. HOW MANY DAYS DID YOU STAY IN BED FOR ALL OR MOST OF THE DAY?                                                         |                                                                                      | <input type="checkbox"/>                                |
| 23(a) APART FROM THE DAYS YOU STAYED IN BED, DID AN ILLNESS OR INJURY CAUSE YOU TO CUT DOWN ON THE THINGS YOU USUALLY DO? |                                                                                      |                                                         |
| 23(b) DID ANY ILLNESS OR INJURY CAUSE YOU TO CUT DOWN ON THE THINGS YOU USUALLY DO?                                       | Yes <input type="checkbox"/> Go to Q 24<br>No <input type="checkbox"/> Go to Q 25    | <input type="checkbox"/> 00<br><input type="checkbox"/> |
| 24. HOW MANY DAYS DID YOU CUT DOWN ON THE THINGS YOU USUALLY DO?                                                          |                                                                                      | <input type="checkbox"/>                                |
| 25. <u>Sequence Guide</u>                                                                                                 |                                                                                      |                                                         |
| - If codes 3 or 6 in Q 1 (full time tertiary or school student)                                                           | <input type="checkbox"/> Go to Q 26                                                  |                                                         |
| - If Q 4 asked                                                                                                            | <input type="checkbox"/> Go to Q 26                                                  |                                                         |
| - Otherwise                                                                                                               | <input type="checkbox"/> Go to Q 28                                                  |                                                         |
| 26. DURING THE LAST TWO WEEKS DID YOU STAY AWAY FROM { WORK SCHOOL UNIVERSITY ETC } BECAUSE OF ANY ILLNESS OR INJURY?     | Yes <input type="checkbox"/> Go to Q 27<br>No <input type="checkbox"/> Go to Q 28    | <input type="checkbox"/> 00<br><input type="checkbox"/> |
| 27. HOW MANY TIMES DID YOU STAY AWAY FROM { WORK SCHOOL UNIVERSITY ETC } FOR ALL OR MOST OF THE DAY?                      |                                                                                      | <input type="checkbox"/>                                |
| 28. <u>Sequence Guide</u>                                                                                                 |                                                                                      |                                                         |
| - If no condition                                                                                                         | <input type="checkbox"/> Go to Q 30                                                  |                                                         |
| - If one condition                                                                                                        | <input type="checkbox"/> Enter condition number and go to Q 30                       |                                                         |
| - If more than one condition                                                                                              | <input type="checkbox"/> Go to Q 29                                                  |                                                         |
| 29. WHICH OF THESE CONDITIONS (read conditions) CONCERNS YOU MOST?                                                        |                                                                                      | <input type="checkbox"/>                                |
| Enter Condition Number in box                                                                                             |                                                                                      |                                                         |

|                                                                                                                |                                                                                            |
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| 30. THE NEXT FEW QUESTIONS ARE STILL ABOUT THE LAST TWO WEEKS. THE TWO WEEKS OUTLINED IN RED ON THIS CALENDAR. |                                                                                            |
| 31. <u>Sequence Guide</u>                                                                                      |                                                                                            |
| If code 3 in Q 1                                                                                               | <input type="checkbox"/> Go to Q 33                                                        |
| If code 6 in Q 1                                                                                               | <input type="checkbox"/> Go to Q 34                                                        |
| If Q 4 asked                                                                                                   | <input type="checkbox"/> Go to Q 32                                                        |
| Otherwise                                                                                                      | <input type="checkbox"/> Go to C, 15                                                       |
| 32. DID YOU HAVE ANY ACCIDENT OR INJURY AT WORK IN THE LAST TWO WEEKS?                                         | Yes <input type="checkbox"/> } Go to Q 35<br>No <input type="checkbox"/>                   |
| 33. DID YOU HAVE ANY ACCIDENT OR INJURY AT COLLEGE OR UNIVERSITY IN THE LAST TWO WEEKS?                        | Yes <input type="checkbox"/> } Go to Q 35<br>No <input type="checkbox"/>                   |
| 34. DID YOU HAVE ANY ACCIDENT OR INJURY AT SCHOOL IN THE LAST TWO WEEKS?                                       | Yes <input type="checkbox"/>                                                               |
|                                                                                                                | No <input type="checkbox"/>                                                                |
| 35. DID YOU HAVE ANY ACCIDENT OR INJURY AT HOME IN THE LAST TWO WEEKS?                                         | Yes <input type="checkbox"/>                                                               |
|                                                                                                                | No <input type="checkbox"/>                                                                |
| 36. DID YOU HAVE ANY ACCIDENT OR INJURY ON A STREET, ROAD OR HIGHWAY, IN THE LAST TWO WEEKS?                   | Yes <input type="checkbox"/>                                                               |
|                                                                                                                | No <input type="checkbox"/>                                                                |
| 37. <u>Sequence Guide</u>                                                                                      |                                                                                            |
| If no accidents                                                                                                | <input type="checkbox"/> Go to Q 38                                                        |
| If one or more accidents                                                                                       | <input type="checkbox"/> Go to Q 39                                                        |
| 38. DID YOU HAVE ANY ACCIDENT OR INJURY AT ALL IN THE LAST TWO WEEKS?                                          | Yes <input type="checkbox"/> Go to Q 40<br>No <input type="checkbox"/> Go to Q 52, page 10 |

|                                                                                                                                                                                                                             |
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| <p>39. DID YOU HAVE ANY OTHER ACCIDENT OR INJURY AT ALL IN THE LAST TWO WEEKS?</p> <p>Yes <input type="checkbox"/> Go to Q 41</p> <p>No <input type="checkbox"/> Go to Q 41</p>                                             |
| <p>40. WHERE DID THIS ACCIDENT HAPPEN?</p> <p><u>Specify where</u> _____</p> <p>_____</p> <p>_____</p>                                                                                                                      |
| <p>41. <u>Sequence Guide</u></p> <p>If only one "yes" in Q's 32 to 39 <input type="checkbox"/> Go to Q 42</p> <p>If more than one "yes" in Q's 32 to 39 <input type="checkbox"/> Go to Q 44</p>                             |
| <p>42. AS A RESULT OF THIS ACCIDENT DID YOU SEEK TREATMENT FROM A DOCTOR, A HOSPITAL, A DENTIST, A CHEMIST, OR A NURSE?</p> <p>Yes <input type="checkbox"/> Go to Q 48(c)</p> <p>No <input type="checkbox"/> Go to Q 48</p> |
| <p>43. DID YOU HAVE TO STAY IN BED AT ALL BECAUSE OF THIS ACCIDENT?</p> <p>Yes <input type="checkbox"/> Go to Q 48(c)</p> <p>No <input type="checkbox"/> Go to Q 52, page 10</p>                                            |
| <p>44. DID YOU SEEK TREATMENT FROM A DOCTOR, A HOSPITAL, A DENTIST, A CHEMIST OR A NURSE?</p> <p>Yes <input type="checkbox"/> Go to Q 48</p> <p>No <input type="checkbox"/> Go to Q 48</p>                                  |
| <p>45. DID YOU SEEK TREATMENT FOR MORE THAN ONE OF THESE ACCIDENTS?</p> <p>Yes <input type="checkbox"/> Go to Q 48(a)</p> <p>No <input type="checkbox"/> Go to Q 48(b)</p>                                                  |
| <p>46. DID YOU HAVE TO STAY IN BED AT ALL BECAUSE OF ANY OF THESE ACCIDENTS?</p> <p>Yes <input type="checkbox"/> Go to Q 52, page 10</p> <p>No <input type="checkbox"/> Go to Q 52, page 10</p>                             |
| <p>47. DID YOU HAVE TO STAY IN BED BECAUSE OF MORE THAN ONE OF THESE ACCIDENTS?</p> <p>Yes <input type="checkbox"/> Go to Q 48(c)</p> <p>No <input type="checkbox"/> Go to Q 48(d)</p>                                      |

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| <p>48(a) OF THOSE ACCIDENTS THAT CAUSED YOU TO SEEK TREATMENT, WHERE DID THE MOST RECENT ONE HAPPEN?</p> <p>Tick appropriate code below and go to Q 49</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |
| <p>48(b) WHERE DID THE ACCIDENT HAPPEN WHICH CAUSED YOU TO SEEK TREATMENT?</p> <p>Tick appropriate code below and go to Q 49</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |
| <p>48(c) OF THOSE ACCIDENTS THAT CAUSED YOU TO STAY IN BED, WHERE DID THE MOST RECENT ONE HAPPEN?</p> <p>Tick appropriate code below and go to Q 49</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 |
| <p>48(d) WHERE DID THE ACCIDENT HAPPEN WHICH CAUSED YOU TO STAY IN BED?</p> <p>Tick appropriate code below and go to Q 49</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                 |
| <p>48(e) Tick appropriate code below to indicate where the accident happened</p> <p><u>Place of accident</u></p> <p>At work <input type="checkbox"/> 1</p> <p>At college or university <input type="checkbox"/> 2</p> <p>At school <input type="checkbox"/> 3</p> <p>At own home <input type="checkbox"/> 4</p> <p>Street, road, or highway <input type="checkbox"/> 5</p> <p>Other place <input type="checkbox"/> 6</p>                                                                                                                                                                   | <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p>                                                                     |
| <p>49. WHICH PARTS OF YOUR BODY WERE INJURED IN THIS ACCIDENT?</p> <p>Head and neck (excluding eyes and features) <input type="checkbox"/> 1</p> <p>Eyes and features (nose, mouth etc.) <input type="checkbox"/> 2</p> <p>Back and trunk (includes shoulders) <input type="checkbox"/> 3</p> <p>Arms and wrists (not shoulders) <input type="checkbox"/> 4</p> <p>Hands and fingers <input type="checkbox"/> 5</p> <p>Legs and ankles <input type="checkbox"/> 6</p> <p>Feet and toes (not ankles) <input type="checkbox"/> 7</p> <p>Other (specify) _____ <input type="checkbox"/> 8</p> | <p>1 <input type="checkbox"/></p> <p>2 <input type="checkbox"/></p> <p>3 <input type="checkbox"/></p> <p>4 <input type="checkbox"/></p> <p>5 <input type="checkbox"/></p> <p>6 <input type="checkbox"/></p> <p>7 <input type="checkbox"/></p> <p>8 <input type="checkbox"/></p> |



|                                                                                            |                                                                                                                      |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 60. Show Card I<br>HAVE YOU RECENTLY BEEN ABLE TO ENJOY YOUR NORMAL DAY-TO-DAY ACTIVITIES? | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |
| 61. HAVE YOU RECENTLY BEEN ABLE TO FACE UP TO YOUR PROBLEMS?<br>(Card I)                   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |
| 62. HAVE YOU RECENTLY BEEN FEELING UNHAPPY AND DEPRESSED?<br>(Card I)                      | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |
| 63. Show Card J<br>HAVE YOU RECENTLY BEEN LOSING CONFIDENCE IN YOURSELF?                   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |
| 64. HAVE YOU RECENTLY BEEN THINKING OF YOURSELF AS A WORTHLESS PERSON?<br>(Card I)         | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |
| 65. HAVE YOU RECENTLY BEEN FEELING REASONABLY HAPPY, ALL THINGS CONSIDERED?<br>(Card I)    | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4 |

|                                                                                                                                                                                                                                                                                                                                                |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 66. THE NEXT QUESTIONS ARE ABOUT LONG-TERM ILLNESSES. FEEL FREE TO MENTION ANY WE HAVE ALREADY TALKED ABOUT, AND ALSO INCLUDE ANY PERMANENT PHYSICAL DISABILITIES. PLEASE LEAVE OUT ILLNESSES THAT HAVE BEEN CURED.                                                                                                                            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 67. Show Card K                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 68. HAVE YOU HAD ANY OF THESE ILLNESSES OR ILLNESSES LIKE THESE, FOR MORE THAN 6 MONTHS? PLEASE INCLUDE ANY PERMANENT DISABILITIES.<br>Yes <input type="checkbox"/> Record details below<br>No <input type="checkbox"/> Go to Q 79<br>Specify illnesses mentioned by respondent: -<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 69. Sequence Guide<br>- If aged 65 years or more <input type="checkbox"/> Go to Q 70<br>- If home doctor (code 3 in Q 1) <input type="checkbox"/> Go to Q 71<br>- Otherwise <input type="checkbox"/> Go to Q 72                                                                                                                                | <input type="checkbox"/> <input type="checkbox"/>                          |
| 70. Show Card L<br>SOME PEOPLE ARE LIMITED BY ILLNESS. WHICH NUMBER ON THIS CARD IS MOST APPROPRIATE FOR YOU?<br>Enter number in box and go to Q 73                                                                                                                                                                                            | <input type="checkbox"/> <input type="checkbox"/>                          |
| 71. Show Card M<br>SOME PEOPLE ARE LIMITED BY ILLNESS. WHICH NUMBER ON THIS CARD IS MOST APPROPRIATE FOR YOU?<br>Enter number in box and go to Q 73                                                                                                                                                                                            |                                                                            |
| 72. Show Card N<br>SOME PEOPLE ARE LIMITED BY ILLNESS. WHICH NUMBER ON THIS CARD IS MOST APPROPRIATE FOR YOU?<br>Enter number in box                                                                                                                                                                                                           |                                                                            |
| 73. Sequence Guide<br>- If only one illness in Q 68 <input type="checkbox"/> Go to Q 75<br>- If more than one illness in Q 68 <input type="checkbox"/> Go to Q 74                                                                                                                                                                              |                                                                            |
| 74. WHICH OF THESE (read illnesses from Q 68) AFFECTS YOU MOST?<br>Enter illness number (1-5) in box <input type="checkbox"/>                                                                                                                                                                                                                  |                                                                            |

75. DID YOU CONSULT A DOCTOR ABOUT THIS CONDITION IN THE LAST SIX MONTHS?

Yes ☐ Go to Q 79  
No ☐

76. WHY DIDN'T YOU CONSULT A DOCTOR?

Doctors advice sought previously (including under treatment for the condition) ☐ 01

Have made arrangements to see about it ☐ 02

Not serious enough to bother doctor about ☐ 03

Doctors cannot help in this condition ☐ 04

Don't like going to doctors - doctors "nausea" ☐ 05

— personal facts, activities etc. ☐ 06

Couldn't afford the time ☐ 07

Medical services too expensive ☐ 08

Bad transport ☐ 09

Other (specify) ☐ 10

77. Sequence Guide

If one reason only ☐ Enter code in Q 78 and go to Q 79  
If more than one reason ☐ Go to Q 78

78. WHAT WAS YOUR MAIN REASON?

Enter code from Q 76 ☐

79. I WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT THE LAST TIME YOU CONSULTED A DOCTOR ABOUT ANYTHING AT ALL.

80. WHEN WAS THE LAST TIME YOU CONSULTED A DOCTOR OR A SPECIALIST?

2 weeks ago or less ☐ 1

More than 2 weeks ago but less than 3 months ☐ 2 Go to Q 83(b)

More than 3 months ago but less than 6 months ☐ 3

More than 6 months ago but less than 12 months ☐ 4 Go to Q 86

More than 12 months ago ☐ 5

Never consulted a doctor ☐ 6 Go to Q 101, page 17

81(a) AT WHICH OF THE FOLLOWING PLACES DID YOU CONSULT A DOCTOR IN THE LAST TWO WEEKS?

Read down list, when consultation mentioned tick place of consultation code and ask

81(b) HOW MANY TIMES IN THE PAST TWO WEEKS?

Enter number of times (1-7) in appropriate box then read out next place on list and continue procedure until each place asked

| Place of consultation code                                                     | Number of times (1-7)      |
|--------------------------------------------------------------------------------|----------------------------|
| DOCTOR'S PRIVATE OFFICE OR SURGERY?                                            | <input type="checkbox"/> 1 |
| YOUR OWN HOME?                                                                 | <input type="checkbox"/> 2 |
| A HOSPITAL <input type="checkbox"/> ask (i), (ii) and (iii)                    | <input type="checkbox"/> 3 |
| WAS THIS (i) DURING A STAY IN HOSPITAL?                                        | <input type="checkbox"/> 4 |
| (ii) AT A HOSPITAL OUTPATIENT DEPARTMENT OR CLINIC?                            | <input type="checkbox"/> 5 |
| (iii) AT A HOSPITAL EMERGENCY ROOM, CASUALTY DEPARTMENT, OR FIRST AID SECTION? | <input type="checkbox"/> 6 |
| A SCHOOL, WORK OR ANY OTHER CLINIC OR CENTRE?                                  | <input type="checkbox"/> 7 |
| OVER THE PHONE OR THROUGH SOMEONE ELSE?                                        | <input type="checkbox"/>   |

82. Sequence Guide

If only one place of consultation in Q 81(b) ☐ Tick appropriate place of consultation code in Q 83(b) and go to Q 84  
If more than one place of consultation in Q 81(b) ☐ Go to Q 83(c)

83(a) WHICH OF THESE WAS THE MOST RECENT CONSULTATION?

Tick appropriate place of consultation code in Q 83(b) and go to Q 84

83(b) WHERE DID THIS CONSULTATION TAKE PLACE?

Read until stopped

| Place of consultation code                                                     |
|--------------------------------------------------------------------------------|
| A DOCTOR'S PRIVATE OFFICE OR SURGERY?                                          |
| YOUR OWN HOME?                                                                 |
| A HOSPITAL <input type="checkbox"/> ask (i), (ii) and (iii)                    |
| WAS THIS (i) DURING A STAY IN HOSPITAL?                                        |
| (ii) AT A HOSPITAL OUTPATIENT DEPARTMENT OR CLINIC?                            |
| (iii) AT A HOSPITAL EMERGENCY ROOM, CASUALTY DEPARTMENT, OR FIRST AID SECTION? |
| A SCHOOL, WORK OR ANY OTHER CLINIC OR CENTRE?                                  |
| OVER THE PHONE OR THROUGH SOMEONE ELSE?                                        |

84. Sequence Guide

If code 3 in Q 83(b) ☐ Go to Q 95  
If code 7 in Q 83(b) ☐ Go to Q 94  
Otherwise ☐ Go to Q 85



|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <p>83. Show Card O</p> <p>FROM THIS LIST, COULD YOU TELL ME THE MAIN REASON FOR THAT LAST CONSULTATION?</p> <p>Immunisation/vaccination ... .. 1</p> <p>Eye test ... .. 2</p> <p>(Female only) Pre- or Post-Natal care ... .. 3</p> <p>Renewal of prescription ... .. 4</p> <p>A certificate, other than a prescription ... .. 5</p> <p>Any sickness, illness, injury, or infection ... .. 6</p> <p>Some other reason (Specify) ... .. 7</p> <p>-----</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> |
| <p>84. AT THAT LAST CONSULTATION, DID YOU ARRANGE TO SEE THIS DOCTOR AGAIN AT A SET TIME?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                                            | <p>1</p> <p>2</p>                                              |
| <p>87. DID ANYONE ARRANGE FOR YOU TO BE ADMITTED TO A HOSPITAL, A NURSING HOME OR A CONValesCENT HOME?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                               | <p>1</p> <p>2</p>                                              |
| <p>88. DID ANYONE TAKE OR ARRANGE FOR YOU TO HAVE AN X-RAY?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                                                                          | <p>1</p> <p>2</p>                                              |
| <p>89. STILL TALKING ABOUT THAT LAST CONSULTATION, DID ANYONE TAKE BLOOD OR ARRANGE TO HAVE BLOOD TAKEN FOR TESTS?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                   | <p>1</p> <p>2</p>                                              |
| <p>90. DID ANYONE REFER YOU TO A SPECIALIST?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                                                                                         | <p>1</p> <p>2</p>                                              |
| <p>91. DID ANYONE ARRANGE FOR A NURSE TO VISIT?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                                                                                                                                                                                                      | <p>1</p> <p>2</p>                                              |
| <p>92. WERE YOU VERY SATISFIED, SATISFIED, OR DISSATISFIED WITH WHAT HAPPENED AT THAT CONSULTATION?</p> <p>Very satisfied ... 1</p> <p>Satisfied ... 2</p> <p>Dissatisfied ... 3</p> <p>Don't know ... 4</p>                                                                                                                                                                                                                                              | <p>1</p> <p>2</p> <p>3</p> <p>4</p>                            |

|                                                                                                                                                                                                                                                                                 |                                              |
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| <p>93. Sequence Guide</p> <p>If code 4 or 5 in Q 83(b)  Go to Q 93</p> <p>Otherwise  Go to Q 94</p>           |                                              |
| <p>94. WAS THE DOCTOR A G.P. OR A SPECIALIST?</p> <p>A G.P. ... 1</p> <p>A Specialist ... 2</p>                                                                                                                                                                                 | <p>1</p> <p>2</p>                            |
| <p>95. IS THIS THE DOCTOR YOU USUALLY CONSULT ABOUT YOUR HEALTH?</p> <p>Yes ... Go to Q 99</p> <p>No ... 2</p>                                                                                                                                                                  | <p>1</p> <p>2</p>                            |
| <p>96. DO YOU HAVE A PARTICULAR DOCTOR YOU USUALLY CONSULT?</p> <p>Yes  Go to Q 100</p> <p>No  Go to Q 98</p> |                                              |
| <p>97. DO YOU USUALLY SEE THIS DOCTOR AT A HOSPITAL?</p> <p>Yes ... Go to Q 99</p> <p>No  Go to Q 98</p>                                                                                     | <p>1</p> <p>2</p> <p>3</p>                   |
| <p>98. IS THIS DOCTOR A G.P. OR A SPECIALIST?</p> <p>A G.P. ... 1</p> <p>A Specialist ... 2</p>                                                                                                                                                                                 | <p>1</p> <p>2</p> <p>3</p>                   |
| <p>99. IS TRAVELLING TO THE DOCTOR A PROBLEM FOR YOU?</p> <p>Yes ... 1</p> <p>No ... 2</p>                                                                                                                                                                                      | <p>1</p> <p>2</p>                            |
| <p>100. HOW LONG DOES IT USUALLY TAKE YOU TO GET TO THIS DOCTOR?</p> <p>Under 15 mins. ... 1</p> <p>15 mins - 30 mins ... 2</p> <p>Over 30 mins. ... 3</p> <p>Don't know ... 4</p> <p>Don't go to Surgery ... 5</p>                                                             | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> |

101. WITHIN THE LAST 12 MONTHS WERE YOU ADMITTED TO ANY HOSPITAL, PSYCHIATRIC HOSPITAL, NURSING OR CONVALESCENT HOME?

Yes ☐ No ☐ Go to Q 103a

102. HOW MANY TIMES DID THIS HAPPEN?

Once ☐ Twice ☐ Three times ☐ Four times ☐ Five or more times ☐

103. HOW MANY NIGHTS WERE YOU THERE DURING EACH (7-DAY) ADMISSION? WHAT WAS THE NAME OF THE HOSPITAL, CONVALESCENT OR NURSING HOME?

|                            | Name and Address of Hospital | Other Use only                                                             | Length of Stay (Days) (00-99)                     |
|----------------------------|------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|
| THE MOST RECENT ADMISSION? |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| THE TIME BEFORE THAT?      |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| AND THE TIME BEFORE THAT?  |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| AND THE TIME BEFORE THAT?  |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| AND THE TIME BEFORE THAT?  |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

104. WAS THE REASON FOR YOUR MOST RECENT ADMISSION:

Read until stopped (Female only) - TO HAVE A BABY? ☐ 1

SURGERY? ☐ 2

TO HAVE TESTS DONE? ☐ 3

OBSERVATION ONLY? ☐ 4

A DISEASE, ILLNESS OR INJURY? ☐ 5

105a. IN THE LAST 4 WEEKS HAVE YOU CONSULTED ANY OF THE FOLLOWING PEOPLE ABOUT YOUR DEATH?

Read down list; when consultation mentioned (4 persons contacted) code and add

105b. HOW MANY TIMES IN THE PAST FOUR WEEKS?

Enter number (0-7) in appropriate box; then read out next person on list and continue procedure until all asked

|                                           | Person contacted code      | Number of times (0-7)    |
|-------------------------------------------|----------------------------|--------------------------|
| DETRACT, HOME OR COMMUNITY NURSE          | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| OPTICIAN OR OPTOMETRIST                   | <input type="checkbox"/> 2 | <input type="checkbox"/> |
| CHIROPODIST                               | <input type="checkbox"/> 3 | <input type="checkbox"/> |
| CHIROCAST                                 | <input type="checkbox"/> 4 | <input type="checkbox"/> |
| SOCIAL WORKER OR WELFARE OFFICER          | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| CHIROPRACTIC, NUTRITION OR DETOXIFICATION | <input type="checkbox"/> 6 | <input type="checkbox"/> |
| PSYCHOTHERAPIST                           | <input type="checkbox"/> 7 | <input type="checkbox"/> |

106a. YESTERDAY OR THE DAY BEFORE, DID YOU TAKE OR USE ANY OF THE FOLLOWING MEDICINES, PILLS OR OINTMENTS?

Read down list; when medicine etc. mentioned by respondent read appropriate medicine etc. code and add

106b. HOW MANY DIFFERENT BRANDS OR KINDS?

Enter number (0-7) in appropriate box and add

106c. WAS THIS HOW MANY OF THESE WERE PRESCRIBED OR REQUESTED BY A DOCTOR?

Enter number (0-7) in appropriate box; then read out next medicine on list and continue procedure until all asked

|                                                                      | Medicine etc. code          | Number of brands or kinds (0-7) | Number prescribed or requested (0-7) |
|----------------------------------------------------------------------|-----------------------------|---------------------------------|--------------------------------------|
| PAIN RELIEVERS, SUCH AS ASPIRIN, HEADACHE POWDERS, CODEINE, PARALIN  | <input type="checkbox"/> 01 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| COLD MEDICINES OR ANY OTHER REMEDIES FOR COLDS                       | <input type="checkbox"/> 02 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| ALLERGY TABLETS OR MEDICINES                                         | <input type="checkbox"/> 03 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| SKIN OINTMENTS OR SALVES, INCLUDING CODEINE, CREAMS AND PREPARATIONS | <input type="checkbox"/> 04 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| LAXATIVES OR ANY OTHER MEDICINES OR REMEDIES FOR YOUR BOWELS         | <input type="checkbox"/> 05 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| TRANQUILIZERS, SEDATIVES OR MEDICINES FOR NERVOUS TENSION            | <input type="checkbox"/> 06 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| SLEEPING PILLS OR MEDICINES                                          | <input type="checkbox"/> 07 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| VITAMINS OR TONICS                                                   | <input type="checkbox"/> 08 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| MEDICINES FOR HEART, BLOOD PRESSURE OR WATER PILL-PILLS TARGETED     | <input type="checkbox"/> 09 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| (Female 15-50 years only)<br>BIRTH CONTROL PILLS FOR ANY REASON      | <input type="checkbox"/> 10 | <input type="checkbox"/>        | <input type="checkbox"/>             |
| ANY OTHER ELSE (Specify) _____                                       | <input type="checkbox"/> 11 | <input type="checkbox"/>        | <input type="checkbox"/>             |

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <p>107. WHEN WAS THE LAST TIME YOU WENT TO A DENTIST?</p> <p>6 months ago or less } Go to Q 110</p> <p>More than 6 months to 12 months ago } 1</p> <p>More than 1 year ago } 2</p> <p>Never been to a dentist } 3</p>                                                                                                                                                            | <p>1</p> <p>2</p> <p>3</p>                                     |
| <p>108. WHAT IS THE MAIN REASON YOU HAVEN'T BEEN TO A DENTIST DURING THE LAST 12 MONTHS?</p> <p>Nothing wrong (i.e. no symptoms with natural or false teeth) } 1</p> <p>Cost too much } 2</p> <p>Difficult to get an appointment } 3</p> <p>Do not like to go to the dentist } 4</p> <p>Too busy (couldn't be bothered) } 5</p> <p>No particular reason } 6</p> <p>Other } 7</p> | <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> |
| 109. THE FOLLOWING QUESTIONS ARE ABOUT DENTAL INSURANCE                                                                                                                                                                                                                                                                                                                          |                                                                |
| <p>110. DO YOU YOURSELF PAY ANY MONEY TO MEDIBANK OR ANY OTHER DENTAL INSURANCE SCHEME?</p> <p>Yes } Go to Q 112</p> <p>No } 1</p> <p>Don't know } 2</p>                                                                                                                                                                                                                         | <p>1</p> <p>2</p> <p>3</p>                                     |
| <p>111. DOES ANYONE ELSE PAY DENTAL INSURANCE OR MEDIBANK FOR YOU?</p> <p>Yes } 1</p> <p>No } 2</p> <p>Don't know } 3</p>                                                                                                                                                                                                                                                        | <p>1</p> <p>2</p> <p>3</p>                                     |
| 112. WHO IS THIS PERSON?                                                                                                                                                                                                                                                                                                                                                         |                                                                |
| -----                                                                                                                                                                                                                                                                                                                                                                            |                                                                |
| <p>113. DOES --- PAY THE MEDIBANK LEVY?</p> <p>Yes } 1</p> <p>No } 2</p> <p>Don't know } 3</p>                                                                                                                                                                                                                                                                                   | <p>1</p> <p>2</p> <p>3</p>                                     |
| <p>114. APART FROM THE LEVY (DOES --- PAY) ANY MONEY TO A DENTAL INSURANCE SCHEME TO GET THE DENTIST OF YOUR CHOICE IN HOSPITAL?</p> <p>Yes } Go to Q 116</p> <p>No } Go to Q 118</p> <p>Don't know } Go to Q 118</p>                                                                                                                                                            | <p>1</p> <p>2</p> <p>3</p>                                     |

|                                                                                                                                                                                                                                                                    |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <p>115. DOES --- PAY MONEY TO ANY DENTAL INSURANCE SCHEME, INCLUDING MEDIBANK, BUT NOT TO GET THE DENTIST OF YOUR CHOICE IN HOSPITAL?</p> <p>Yes } 1</p> <p>No } Go to Q 118</p> <p>Don't know } 3</p>                                                             | <p>1</p> <p>2</p> <p>3</p>          |
| <p>116. DOES --- PAY EXTRA MONEY TO HAVE A DENTAL ROOM IN HOSPITAL?</p> <p>Yes } 1</p> <p>No } 2</p> <p>Don't know } 3</p>                                                                                                                                         | <p>1</p> <p>2</p> <p>3</p>          |
| <p>117. IF YOU HAD TO GO TO HOSPITAL, WHO WOULD PAY THE COST?</p> <p>Free (i.e. wages/unemployment) } 1</p> <p>Free (i.e. Loans/Repay) } 2</p> <p>Free (i.e. Pension) } 3</p> <p>Other (Specify) } 4</p> <p>-----</p> <p>-----</p>                                 | <p>1</p> <p>2</p> <p>3</p> <p>4</p> |
| 118. THE NEXT QUESTION IS ABOUT YOUR OWN INCOME LAST FINANCIAL YEAR, THAT IS FROM JULY 1976 TO THE END OF JUNE 1977                                                                                                                                                |                                     |
| <p>119. Show Card P</p> <p>COULD YOU PLEASE INDICATE FROM THIS CARD YOUR GROSS INCOME, THAT IS BEFORE TAX OR DEDUCTIONS, FOR THE LAST FINANCIAL YEAR?</p> <p>PLEASE INCLUDE INCOME FROM ALL SOURCES INCLUDING CHILD ENDOWMENTS</p> <p>Enter wage number at Box</p> |                                     |
| <p>120. AT WHAT AGE DID YOU LEAVE SCHOOL?</p> <p>No schooling } Go to Q 124</p> <p>Still at school } 01</p> <p>Enter age } 02</p>                                                                                                                                  |                                     |

121. HAVE YOU OBTAINED ANY QUALIFICATIONS SINCE LEAVING SCHOOL, FOR INSTANCE, A CERTIFICATE, A MEMBERSHIP OR REGISTRATION, A DIPLOMA, OR A DEGREE?

Yes ☐  
No ☐ Go to Q 124

122. WHAT IS THE FULL NAME OF THESE QUALIFICATION?

.....  
.....  
.....

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

123. WHAT IS THE NAME OF THE COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION FROM WHICH THESE QUALIFICATIONS WERE OBTAINED?

Name and Address .....

124. Dependent Variable

- ☐ If born in Australia  
☐ If born in U.K. or Ireland  
☐ If born in New Zealand or S. Africa  
☐ If born in U.S.A. or Canada  
☐ Otherwise

☐  
☐  
☐  
☐  
☐  
☐ No more questions  
Go to Q 123

125. Do not ask

Assess respondent's English ability

Fluent or good .....

Fair .....

Interview conducted in non-UK language

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

## APPENDIX E

## THE CHILD QUESTIONNAIRE

The Child questionnaire (H3) (For persons aged 14 years and less) differs from the adult questionnaire to the extent that child health problems and treatments vary from those generally applicable to adults. Answers to questions were supplied by a parent or guardian. In most cases mothers answered for their children.

## E.1 Questionnaire conventions

Questionnaire conventions are the same as for the Adult Questionnaire (Appendix D)

## E.2 Contents of questionnaire

| TOPIC                                                                      | QUESTIONS |
|----------------------------------------------------------------------------|-----------|
| Recent illness                                                             | 1-21      |
| Days of reduced activity                                                   | 13-19     |
| Accidents                                                                  | 22-43     |
| Chronic conditions and associated activity limitations                     | 44-5      |
| Doctor consultations                                                       | 58-79     |
| Episodes in hospitals                                                      | 80-83     |
| Consultations with health professionals other than<br>doctors and dentists | 84        |
| Use of medicines                                                           | 85        |
| Consultations with dentists                                                | 86-89     |
| Vaccinations                                                               | 90-97     |

P.S.U. ☐  
BLOCK  
DWELLING  
HOUSEHOLD  
PERSON  
RECORD NO.

|       |  |  |  |   |
|-------|--|--|--|---|
|       |  |  |  |   |
| ING   |  |  |  |   |
| HOLD  |  |  |  |   |
| D NO. |  |  |  | 3 |

**CONFIDENTIAL**



AUSTRALIAN BUREAU  
OF STATISTICS

# AUSTRALIAN HEALTH SURVEY 1977-78

## child questionnaire 14 years and less

1. THE FIRST FEW QUESTIONS REFER TO THE LAST TWO WEEKS, THE WEEKS OUTLINED IN RED ON THIS CALENDAR.

### Give Calendar to Respondents

- 214) Show Card 0

HERE IS A LIST OF COMPLAINTS THAT CHILDREN OFTEN HAVE. WOULD YOU PLEASE TELL ME IF CHILD'S NAME HAS HAD ANY OF THESE DURING THE LAST TWO WEEKS?

*Read the complaints slowly*

- 28) Show Card R

HAS \_\_\_\_\_ HAD ANY OF THESE COMPLAINTS IN THE LAST TWO WEEKS?

*Read the complaints slowly*

3. THE COMPLAINTS LISTED ON THE CARDS ARE EXAMPLES ONLY. HAS .....HAD ANY OTHER COMPLAINTS AT ALL DURING THE LAST TWO WEEKS?

Yes ☐

Tick box 18 on page 2 and record details of any other complaints. Then go to Q 4

252

- #### 4. Sequence Guide

If no complaints mentioned in Q 1 or Q 3

If one complaint mentioned

*If more than one complex mentioned*

5

5

Tick box 19 and go to Q 12

Go to Q.3 (a)

Go to Q.3 (b)

- 5 (a) WHAT WAS THIS COMPLAINT DUE TO?

- 5 (b) WHAT WERE THESE COMPLAINTS DUE TO?

Record each condition mentioned and tick complaints due to that condition. When all complaints accounted for, go to Q 4

|                                                                |                             | Condition 1              | Condition 2              | Condition 3              | Condition 4              | Condition 5              |
|----------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                |                             |                          |                          |                          |                          |                          |
|                                                                |                             |                          |                          |                          |                          |                          |
| <b>Card G</b>                                                  |                             |                          |                          |                          |                          |                          |
| COLD, SORE THROAT, COUGH                                       | 1 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EAR ACHES, OR DRAINING EAR                                     | 2 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FEVER, TEMPERATURE                                             | 3 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RED, WETTING                                                   | 4 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FREQUENT OR PAINFUL<br>URINATION, KIDNEY OR<br>BLADDER TROUBLE | 5 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JOINT PAIN OR SWELLING                                         | 6 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NERVOUSNESS, WORRY OR<br>IRRITABILITY                          | 7 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NOSE BREATHING OR<br>WHEEZING                                  | 8 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SERIOUSLY OVERWEIGHT                                           | 9 <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Card H</b>                                                  |                             |                          |                          |                          |                          |                          |
| SEVERE HEADACHE                                                | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SKIN RASH                                                      | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TROUBLE SLEEPING                                               | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UNUSUAL WEAKNESS                                               | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| UPSET STOMACH, VOMITING<br>OR DIARRHEA                         | 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LOSS OF APPETITE                                               | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EYE TROUBLE<br>(EVEN WITH GLASSES)                             | 16 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER COMPLAINT DUE<br>ACCIDENT OR INJURY                      | 17 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Go to Q 1</b>                                               |                             |                          |                          |                          |                          |                          |
| ANY OTHER COMPLAINTS                                           |                             |                          |                          |                          |                          |                          |
| -----                                                          |                             |                          |                          |                          |                          |                          |
| -----                                                          |                             |                          |                          |                          |                          |                          |
| 18 <input type="checkbox"/>                                    |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>NO COMPLAINTS</b><br><i>Go to Q 12</i>                      |                             |                          |                          |                          |                          |                          |
| 19 <input type="checkbox"/>                                    |                             |                          |                          |                          |                          |                          |

|                                                                                                                                                    | Condition 1                | Condition 2              | Condition 3              | Condition 4              | Condition 5              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>6. HOW LONG DID THIS<br/>(condition) -----<br/>LAST?</b>                                                                                        |                            |                          |                          |                          |                          |
| 24 hours or less                                                                                                                                   | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 24 hours<br>to 1 week                                                                                                                    | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 1 week to<br>2 weeks                                                                                                                     | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 2 weeks to<br>3 months                                                                                                                   | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 3 months to<br>6 months                                                                                                                  | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 6 months                                                                                                                                 | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7. THINK ABOUT THE LAST<br/>TWO WEEKS. DID THIS<br/>(condition) -----<br/>CONCERN OR PAIN<br/>----- A LOT,<br/>SOMEWHAT, OR NOT<br/>AT ALL?</b> |                            |                          |                          |                          |                          |
| A lot                                                                                                                                              | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Somewhat                                                                                                                                           | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all                                                                                                                                         | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8. DID YOU CONSULT A<br/>DOCTOR ABOUT<br/>-----<br/>(condition) -----<br/>ANY TIME IN THE LAST<br/>2 WEEKS?</b>                                 |                            |                          |                          |                          |                          |
| Yes. If no more conditions,<br>go to Q 12.<br>Otherwise ask Q 9.<br>6.8 of next condition                                                          | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No                                                                                                                                                 | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Condition 1                                                                                                                                                                                                                                                                                                                                                                                 | Condition 2                                                                                                                                                                                                                                                                                                                                                                                 | Condition 3                                                                                                                                                                                                                                                                                                                                                                                 | Condition 4                                                                                                                                                                                                                                                                                                                                                                                 | Condition 5 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <p><b>9. WHY DIDN'T YOU CONSULT A DOCTOR?</b></p> <p>Doctor's advice enough; previously (including under treatment for the condition)</p> <p>After made arrangements to see about it</p> <p>Not serious enough to bother a doctor about</p> <p>Doctor cannot help on this condition</p> <p>Don't like going to doctors - doctors "boring"</p> <p>Personal fears, suspicion etc.</p> <p>Couldn't afford the time</p> <p>Medical services too expensive</p> <p>Noel transport</p> <p>Other (specify) .....</p> <p>.....</p> | <p>01 <input type="checkbox"/> 01</p> <p>02 <input type="checkbox"/> 02</p> <p>03 <input type="checkbox"/> 03</p> <p>04 <input type="checkbox"/> 04</p> <p>05 <input type="checkbox"/> 05</p> <p>06 <input type="checkbox"/> 06</p> <p>07 <input type="checkbox"/> 07</p> <p>08 <input type="checkbox"/> 08</p> <p>09 <input type="checkbox"/> 09</p> <p>10 <input type="checkbox"/> 10</p> | <p>01 <input type="checkbox"/> 01</p> <p>02 <input type="checkbox"/> 02</p> <p>03 <input type="checkbox"/> 03</p> <p>04 <input type="checkbox"/> 04</p> <p>05 <input type="checkbox"/> 05</p> <p>06 <input type="checkbox"/> 06</p> <p>07 <input type="checkbox"/> 07</p> <p>08 <input type="checkbox"/> 08</p> <p>09 <input type="checkbox"/> 09</p> <p>10 <input type="checkbox"/> 10</p> | <p>01 <input type="checkbox"/> 01</p> <p>02 <input type="checkbox"/> 02</p> <p>03 <input type="checkbox"/> 03</p> <p>04 <input type="checkbox"/> 04</p> <p>05 <input type="checkbox"/> 05</p> <p>06 <input type="checkbox"/> 06</p> <p>07 <input type="checkbox"/> 07</p> <p>08 <input type="checkbox"/> 08</p> <p>09 <input type="checkbox"/> 09</p> <p>10 <input type="checkbox"/> 10</p> | <p>01 <input type="checkbox"/> 01</p> <p>02 <input type="checkbox"/> 02</p> <p>03 <input type="checkbox"/> 03</p> <p>04 <input type="checkbox"/> 04</p> <p>05 <input type="checkbox"/> 05</p> <p>06 <input type="checkbox"/> 06</p> <p>07 <input type="checkbox"/> 07</p> <p>08 <input type="checkbox"/> 08</p> <p>09 <input type="checkbox"/> 09</p> <p>10 <input type="checkbox"/> 10</p> |             |
| <p><b>10. Sequence Guide</b></p> <p>If one reason only, enter code in Q 11</p> <p>If more than one reason ask Q 11</p>                                                                                                                                                                                                                                                                                                                                                                                                    | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                             |             |
| <p><b>11. WHAT WAS YOUR MAIN REASON?</b></p> <p>Enter code from Q 9</p> <p>If Q 9 6 - 11 completed for all conditions, go to Q 12</p> <p>Otherwise, ask Q 9 6 - 11 of next condition</p>                                                                                                                                                                                                                                                                                                                                  | <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                             |             |
| <p><b>12. Sequence Guide</b></p> <p>If child less than 2 years</p> <p>If 2 years or more</p>                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                             | <p>Go to Q 20</p> <p>Go to Q 13</p>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                             |             |

|                                                                                                                                                 |                                         |                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--|
| 11. DURING THE LAST TWO WEEKS DID . . . . . STAY IN BED BECAUSE OF ANY ILLNESS OR INJURY?                                                       | Yes <input type="checkbox"/> Go to Q 14 | No <input type="checkbox"/> Go to Q 15(b) |  |
| 12. HOW MANY DAYS DID . . . . . STAY IN BED FOR ALL OR MOST OF THE DAY?                                                                         |                                         |                                           |  |
| 13 (a) APART FROM THE DAYS . . . . . STAYED IN BED, DID ANY ILLNESS OR INJURY CAUSE . . . . . TO GET DOWN ON THE THING(S) . . . . . COMPLETELY? |                                         |                                           |  |
| 13 (a) DID ANY ILLNESS OR INJURY CAUSE . . . . . TO GET DOWN ON THE THING(S) . . . . . COMPLETELY?                                              | Yes <input type="checkbox"/> Go to Q 14 | No <input type="checkbox"/> Go to Q 17    |  |
| 14. HOW MANY DAYS DID . . . . . GET DOWN ON THE THING(S) . . . . . COMPLETELY?                                                                  |                                         |                                           |  |
| 15. <u>Response Guide</u><br>(1) did less than 4 times<br>(2) did 4 or more times                                                               |                                         |                                           |  |
| 16. DURING THE LAST TWO WEEKS DID . . . . . STAY AWAY FROM SCHOOL BECAUSE OF ANY ILLNESS OR INJURY?                                             | Yes <input type="checkbox"/> Go to Q 19 | No <input type="checkbox"/> Go to Q 20    |  |
| 17. HOW MANY TIMES DID . . . . . STAY AWAY FROM SCHOOL FOR ALL OR MOST OF THE DAY?                                                              |                                         |                                           |  |
| 18. <u>Response Guide</u><br>(1) no condition<br>(2) one condition<br>(3) more than one condition                                               |                                         |                                           |  |
| 19. WHICH OF THESE CONDITIONS (and conditions) CONCERNING YOU MOST?                                                                             |                                         |                                           |  |
| Enter condition number in box                                                                                                                   |                                         |                                           |  |



22. THE NEXT FEW QUESTIONS ARE STILL ABOUT THE LAST TWO WEEKS, THE TWO WEEKS OUTLINED IN RED ON THIS CALENDAR.

23. Sequence Guide  
 If child less than 6 years ☐ Go to Q 23  
 If child 6 years or more ☐ Go to Q 24

24. DID ..... HAVE ANY ACCIDENT OR INJURY AT SCHOOL IN THE LAST TWO WEEKS?  
 Yes ☐  
 No ☐

25. DID ..... HAVE ANY ACCIDENT OR INJURY AT HOME IN THE LAST TWO WEEKS?  
 Yes ☐  
 No ☐

26. DID ..... HAVE ANY ACCIDENT OR INJURY ON A STREET, ROAD OR HIGHWAY IN THE LAST TWO WEEKS?  
 Yes ☐  
 No ☐

27. Sequence Guide  
 If no accident ☐ Go to Q 28  
 If one or more accidents ☐ Go to Q 29

28. DID ..... HAVE ANY ACCIDENT OR INJURY AT ALL IN THE LAST TWO WEEKS?  
 Yes ☐ Go to Q 30  
 No ☐ Go to Q 44 page 13

29. DID ..... HAVE ANY OTHER ACCIDENT OR INJURY AT ALL IN THE LAST TWO WEEKS?  
 Yes ☐  
 No ☐ Go to Q 31

30. WHERE DID THIS ACCIDENT HAPPEN?  
Specify where  
 .....  
 .....  
 .....

31. Sequence Guide  
 If only one "yes" in Q's 24 to 29 ☐ Go to Q 32  
 If more than one "yes" in Q's 24 to 29 ☐ Go to Q 33

32. AS A RESULT OF THIS ACCIDENT WAS TREATMENT SOUGHT FOR ..... FROM A DOCTOR, A HOSPITAL, A DENTIST, A PHYSICIAN, OR A NURSE?  
 Yes ☐ Go to Q 40(a)  
 No ☐

33. Sequence Guide  
 If child less than 7 years ☐ Go to Q 44, page 13  
 If child 7 years or more ☐ Go to Q 34

34. DID ..... HAVE TO STAY IN BED AT ALL BECAUSE OF THIS ACCIDENT?  
 Yes ☐ Go to Q 40(a)  
 No ☐ Go to Q 44, page 13

35. WAS TREATMENT SOUGHT FOR ..... FROM A DOCTOR, A HOSPITAL, A DENTIST, A PHYSICIAN, OR A NURSE?  
 Yes ☐  
 No ☐ Go to Q 37

36. WAS TREATMENT SOUGHT FOR MORE THAN ONE OF THESE ACCIDENTS?  
 Yes ☐ Go to Q 40(a)  
 No ☐ Go to Q 40(b)

37. Sequence Guide  
 If child less than 7 years ☐ Go to Q 44, page 13  
 If child 7 years or more ☐ Go to Q 38

38. DID ..... HAVE TO STAY IN BED AT ALL BECAUSE OF ANY OF THESE ACCIDENTS?  
 Yes ☐  
 No ☐ Go to Q 44, page 13

39. DID ..... HAVE TO STAY IN BED BECAUSE OF MORE THAN ONE OF THESE ACCIDENTS?  
 Yes ☐ Go to Q 40(a)  
 No ☐ Go to Q 40(b)

|        |                                                                                              |   |
|--------|----------------------------------------------------------------------------------------------|---|
| 89 (a) | OF THOSE ACCIDENTS THAT CAUSED TREATMENT TO BE SOUGHT, WHERE DID THE MOST RECENT ONE HAPPEN? |   |
|        | <i>Tick appropriate circle below and go to Q 41</i>                                          |   |
| 90 (a) | WHERE DID THE ACCIDENT HAPPEN WHICH CAUSED TREATMENT TO BE SOUGHT FOR.....?                  |   |
|        | <i>Tick appropriate circle below and go to Q 41</i>                                          |   |
| 91 (a) | OF THOSE ACCIDENTS THAT CAUSED..... TO STAY IN BED, WHERE DID THE MOST RECENT ONE HAPPEN?    |   |
|        | <i>Tick appropriate circle below and go to Q 41</i>                                          |   |
| 92 (a) | WHERE DID THE ACCIDENT HAPPEN WHICH CAUSED..... TO STAY IN BED?                              |   |
|        | <i>Tick appropriate circle below and go to Q 41</i>                                          |   |
| 93 (a) | Tick appropriate circle below to indicate where the accident happened.                       |   |
|        | <u>Place of accident</u>                                                                     |   |
|        | At school.....                                                                               | 1 |
|        | At work/home.....                                                                            | 2 |
|        | Street, road, or highway.....                                                                | 3 |
|        | Other place.....                                                                             | 4 |
| 94.    | WHICH PARTS OF..... BODY WERE INJURED IN THIS ACCIDENT?                                      |   |
|        | Head and neck (including eyes and ears).....                                                 | 1 |
|        | Eyes and Ears/nose (nose, mouth etc.).....                                                   | 2 |
|        | Back and trunk (including shoulders).....                                                    | 3 |
|        | Arms and wrists (not shoulders).....                                                         | 4 |
|        | Hands and fingers.....                                                                       | 5 |
|        | Legs and ankles.....                                                                         | 6 |
|        | Feet and toes (not ankles).....                                                              | 7 |
|        | Other specify.....                                                                           | 8 |

[illegible]

|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>44. THE NEXT QUESTIONS ARE ABOUT LONG-TERM ILLNESSES. FEEL FREE TO MENTION ANY WE HAVE ALREADY TALKED ABOUT, AND ALSO INCLUDE ANY PERMANENT PHYSICAL DISABILITIES. PLEASE LEAVE OUT ILLNESSES THAT HAVE BEEN CURED.</p>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                 | <p>54. DID YOU CONSULT A DOCTOR ABOUT THIS CONDITION IN THE LAST SIX MONTHS?</p> <p>Yes <input type="checkbox"/> Go to Q. 58</p> <p>No <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| <p>45. <i>Show Card 3</i></p>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
| <p>46. <i>Sequence Guide</i></p> <p>If aged less than 1 year <input type="checkbox"/> Go to Q. 47</p> <p>Otherwise <input type="checkbox"/> Go to Q. 48</p>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 | <p>55. WHY DIDN'T YOU CONSULT A DOCTOR?</p> <p>Doctors advised sought previously (including under treatment for the condition) <input type="checkbox"/> 01</p> <p>Have made arrangements to see about it <input type="checkbox"/> 02</p> <p>Not serious enough to bother doctor about <input type="checkbox"/> 03</p> <p>Doctors cannot help on this condition <input type="checkbox"/> 04</p> <p>Don't like going to doctors - doctors "swear" <input type="checkbox"/> 05</p> <p>Personal fears, anxieties etc. <input type="checkbox"/> 06</p> <p>Couldn't afford the time <input type="checkbox"/> 07</p> <p>Medical services too expensive <input type="checkbox"/> 08</p> <p>Bad transport <input type="checkbox"/> 09</p> <p>Other (specify) <input type="checkbox"/> 10</p> |                                                                                                                                                                                                 |
| <p>47. DOES ----- HAVE ANY OF THESE ILLNESSES? PLEASE INCLUDE ANY PERMANENT DISABILITIES.</p> <p>Yes <input type="checkbox"/> Record details in Q. 48 below and go to Q. 52</p> <p>No <input type="checkbox"/> Go to Q. 58</p>                                                                                                                                                           | <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
| <p>48. HAS ----- HAD ANY OF THESE ILLNESSES OR ILLNESSES LIKE THESE FOR MORE THAN SIX MONTHS? PLEASE INCLUDE ANY PERMANENT DISABILITIES.</p> <p>Yes <input type="checkbox"/> Record details below</p> <p>No <input type="checkbox"/> Go to Q. 58</p> <p>Specify illnesses mentioned by respondent: -</p> <p>1. -----</p> <p>2. -----</p> <p>3. -----</p> <p>4. -----</p> <p>5. -----</p> | <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                 |
| <p>49. <i>Sequence Guide</i></p> <p>If aged less than 2 years <input type="checkbox"/> Go to Q. 52</p> <p>If aged 2, 3, 4 or 5 years <input type="checkbox"/> Ask Q. 50</p> <p>If aged 5 years or more <input type="checkbox"/> Go to Q. 51</p>                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 | <p>56. <i>Sequence Guide</i></p> <p>If one reason only <input type="checkbox"/> Enter code on Q. 57 and go to Q. 58</p> <p>If more than one reason <input type="checkbox"/> Ask Q. 57</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                 |
| <p>50. <i>Show Card T</i></p> <p>SOME CHILDREN ARE LIMITED BY ILLNESS, WHICH NUMBER ON THIS CARD BEST DESCRIBES YOUR CHILD?</p> <p>Enter number in box and go to Q. 52</p>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                 | <p>57. WHAT WAS YOUR MAIN REASON?</p> <p>Enter code from Q. 55</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><input type="checkbox"/><input type="checkbox"/></p>                                                                                                                                         |
| <p>51. <i>Show Card U</i></p> <p>SOME CHILDREN ARE LIMITED BY ILLNESS, WHICH NUMBER ON THIS CARD BEST DESCRIBES YOUR CHILD?</p> <p>Enter number in box</p>                                                                                                                                                                                                                               | <p><input type="checkbox"/><input type="checkbox"/></p>                                                                                                                                                                                                                                                                                         | <p>58. I WOULD NOW LIKE TO ASK SOME QUESTIONS ABOUT THE LAST TIME YOU CONSULTED A DOCTOR ABOUT (Child's Name)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 |
| <p>52. <i>Sequence Guide</i></p> <p>If only one illness in Q. 48 <input type="checkbox"/> Go to Q. 54</p> <p>If more than one illness in Q. 48 <input type="checkbox"/> Ask Q. 53</p>                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                 | <p>59. WHEN WAS THE LAST TIME YOU CONSULTED A DOCTOR OR A SPECIALIST ABOUT -----?</p> <p>2 weeks ago or less <input type="checkbox"/> 1</p> <p>More than 2 weeks ago but less than 3 months <input type="checkbox"/> 2</p> <p>More than 3 months ago but less than 6 months <input type="checkbox"/> 3</p> <p>More than 6 months ago but less than 12 months <input type="checkbox"/> 4</p> <p>More than 12 months ago <input type="checkbox"/> 5</p> <p>Never consulted a doctor <input type="checkbox"/> Go to Q. 83, page 13</p>                                                                                                                                                                                                                                                 | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>53. WHICH OF THESE (read illnesses from Q. 48) AFFECTS ----- MOST?</p> <p>Enter illness number (1 - 5) in box <input type="checkbox"/></p>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |

60 (a) AT WHICH OF THE FOLLOWING PLACES DID YOU CONSULT A DOCTOR ABOUT  
----- IN THE LAST TWO WEEKS?  
*Read down list, when consultation mentioned tick place of consultation code and ask.*

60 (b) HOW MANY TIMES IN THE LAST TWO WEEKS?  
*Enter number of times (1-7) in appropriate box then read out next place on list and continue procedure until each place asked.*

|                                                                                | Place of consultation code | Number of times (1-7)    |
|--------------------------------------------------------------------------------|----------------------------|--------------------------|
| A DOCTOR'S PRIVATE OFFICE OR SURGERY?                                          | <input type="checkbox"/> 1 | <input type="checkbox"/> |
| YOUR OWN HOME?                                                                 | <input type="checkbox"/> 2 | <input type="checkbox"/> |
| A HOSPITAL <input type="checkbox"/> ask (i), (ii), and (iii)                   | <input type="checkbox"/> 3 | <input type="checkbox"/> |
| WAS THIS (i) DURING A STAY IN HOSPITAL?                                        | <input type="checkbox"/> 4 | <input type="checkbox"/> |
| (ii) AT A HOSPITAL OUTPATIENT DEPARTMENT OR CLINIC?                            | <input type="checkbox"/> 5 | <input type="checkbox"/> |
| (iii) AT A HOSPITAL EMERGENCY ROOM, CASUALTY DEPARTMENT, OR FIRST AID SECTION? | <input type="checkbox"/> 6 | <input type="checkbox"/> |
| SCHOOL, WORK OR ANY OTHER CLINIC OR CENTRE?                                    | <input type="checkbox"/> 7 | <input type="checkbox"/> |
| OVER THE PHONE OR THROUGH SOMEONE ELSE?                                        | <input type="checkbox"/>   | <input type="checkbox"/> |

61. *Sequence Guide*  
 - If only one place of consultation in Q 60 (b) ☐ Tick appropriate place of consultation code in Q 62(b) and go to Q 63  
 - If more than one place of consultation in Q 60(b) ☐ Go to Q 62(a)

62 (a) WHICH OF THESE WAS THE MOST RECENT CONSULTATION?  
*Tick appropriate place of consultation code in Q 62(b) and go to Q 63*

62 (b) WHERE DID THIS CONSULTATION TAKE PLACE?  
*Read until stopped*

|                                                                                | Place of consultation code |
|--------------------------------------------------------------------------------|----------------------------|
| A DOCTOR'S PRIVATE OFFICE OR SURGERY?                                          | <input type="checkbox"/> 1 |
| YOUR OWN HOME?                                                                 | <input type="checkbox"/> 2 |
| A HOSPITAL <input type="checkbox"/> ask (i), (ii), and (iii)                   | <input type="checkbox"/> 3 |
| WAS THIS (i) DURING A STAY IN HOSPITAL?                                        | <input type="checkbox"/> 4 |
| (ii) AT A HOSPITAL OUTPATIENT DEPARTMENT OR CLINIC?                            | <input type="checkbox"/> 5 |
| (iii) AT A HOSPITAL EMERGENCY ROOM, CASUALTY DEPARTMENT, OR FIRST AID SECTION? | <input type="checkbox"/> 6 |
| A SCHOOL, WORK OR ANY OTHER CLINIC OR CENTRE?                                  | <input type="checkbox"/> 7 |
| OVER THE PHONE OR THROUGH SOMEONE ELSE?                                        | <input type="checkbox"/>   |

63. *Sequence Guide*  
 - If code 3 in Q 62(b) ☐ Go to Q 74  
 - If code 7 in Q 62(b) ☐ Go to Q 75  
 - Otherwise ☐ Go to Q 64

64. Show Card V

FROM THIS LIST, COULD YOU TELL ME THE MAIN REASON FOR THAT LAST CONSULTATION?

|                                            |                            |
|--------------------------------------------|----------------------------|
| Immunization/vaccination                   | <input type="checkbox"/> 1 |
| Eye test                                   | <input type="checkbox"/> 2 |
| Renewal of prescription                    | <input type="checkbox"/> 3 |
| A certificate, other than a prescription   | <input type="checkbox"/> 4 |
| Any sickness, illness, injury or infection | <input type="checkbox"/> 5 |
| Some other reason (specify) -----          | <input type="checkbox"/> 6 |

65. AT THAT LAST CONSULTATION, DID YOU ARRANGE FOR ----- TO SEE THIS DOCTOR AGAIN AT A SET TIME?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

66. DID ANYONE ARRANGE FOR ----- TO BE ADMITTED TO A HOSPITAL, A NURSING HOME, OR A CONVALESCENT HOME?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

67. DID ANYONE TAKE OR ARRANGE FOR ----- TO HAVE AN X-RAY?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

68. STILL TALKING ABOUT THAT LAST CONSULTATION, DID ANYONE TAKE BLOOD OR ARRANGE TO HAVE BLOOD TAKEN FOR TESTS?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

69. DID ANYONE REFER ----- TO A SPECIALIST?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

70. DID ANYONE REFER ----- TO A NURSE OR A BARY HEALTH SISTER?

|     |                            |
|-----|----------------------------|
| Yes | <input type="checkbox"/> 1 |
| No  | <input type="checkbox"/> 2 |

71. WERE YOU VERY SATISFIED, SATISFIED - IS DISSATISFIED WITH WHAT HAPPENED AT THAT CONSULTATION?

|                |                            |
|----------------|----------------------------|
| Very satisfied | <input type="checkbox"/> 1 |
| Satisfied      | <input type="checkbox"/> 2 |
| Dissatisfied   | <input type="checkbox"/> 3 |
| Don't know     | <input type="checkbox"/> 4 |

|                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <p>72. <u>Sequence Guide</u><br/> <i>If code 4 or 5 in Q 62(b)</i><br/> <i>Otherwise</i></p> <p><input type="checkbox"/> Go to Q 74<br/> <input type="checkbox"/> Go to Q 73</p>                                                                                                                            |                                                                                                                                          |
| <p>73. WAS THE DOCTOR A G.P. OR A SPECIALIST?</p> <p>A G.P. <input type="checkbox"/><br/> A Specialist <input type="checkbox"/></p>                                                                                                                                                                         | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |
| <p>74. IS THIS THE DOCTOR YOU USUALLY CONSULT ABOUT -----'S HEALTH?</p> <p>Yes <i>Go to Q 76</i><br/> No <input type="checkbox"/></p>                                                                                                                                                                       | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |
| <p>75. DOES ----- HAVE A PARTICULAR DOCTOR YOU USUALLY CONSULT?</p> <p>Yes <input type="checkbox"/><br/> No <input type="checkbox"/> <i>Go to Q 80</i></p>                                                                                                                                                  |                                                                                                                                          |
| <p>76. DOES ----- USUALLY SEE THIS DOCTOR AT A HOSPITAL?</p> <p>Yes <i>Go to Q 78</i><br/> No <input type="checkbox"/> <i>Go to Q 77</i></p>                                                                                                                                                                | <input type="checkbox"/><br> <br><input type="checkbox"/>                                                                                |
| <p>77. IS THIS DOCTOR A G.P. OR A SPECIALIST?</p> <p>A G.P. <input type="checkbox"/><br/> A Specialist <input type="checkbox"/></p>                                                                                                                                                                         | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |
| <p>78. IS TRAVELLING TO THE DOCTOR A PROBLEM?</p> <p>Yes <input type="checkbox"/><br/> No <input type="checkbox"/></p>                                                                                                                                                                                      | <input type="checkbox"/><br><input type="checkbox"/>                                                                                     |
| <p>79. HOW LONG DOES IT USUALLY TAKE YOU TO GET TO THIS DOCTOR?</p> <p>Under 15 mins. <input type="checkbox"/><br/> 15 mins. - 30 mins. <input type="checkbox"/><br/> Over 30 mins. <input type="checkbox"/><br/> Don't know <input type="checkbox"/><br/> Don't go to Surgery <input type="checkbox"/></p> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

| <p>80. WITHIN THE LAST 12 MONTHS WAS ----- ADMITTED TO ANY HOSPITAL, PSYCHIATRIC HOSPITAL, NURSING OR CONVALESCENT HOME?</p> <p>Yes <input type="checkbox"/><br/> No <input type="checkbox"/> <i>Go to Q 84(a)</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          |                               |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|----------------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|---------------------------|----------------------|----------------------|--|
| <p>81. HOW MANY TIMES DID THIS HAPPEN?</p> <p>Once <input type="checkbox"/><br/> Twice <input type="checkbox"/><br/> Three times <input type="checkbox"/><br/> Four times <input type="checkbox"/><br/> Five or more times <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                               |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| <p>82. HOW MANY NIGHTS WAS ----- THERE DURING EACH (THIS) ADMISSION? WHAT WAS THE NAME OF THE HOSPITAL, CONVALESCENT OR NURSING HOME?</p> <table border="1"> <thead> <tr> <th>Name and Address of Hospital</th> <th>Office Use Only</th> <th>Length of stay (nights) 00-80</th> </tr> </thead> <tbody> <tr> <td>THE MOST RECENT ADMISSION?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>THE TIME BEFORE THAT?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>AND THE TIME BEFORE THAT?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>AND THE TIME BEFORE THAT?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>AND THE TIME BEFORE THAT?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>AND THE TIME BEFORE THAT?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Name and Address of Hospital                                                                                                             | Office Use Only               | Length of stay (nights) 00-80 | THE MOST RECENT ADMISSION? | <input type="text"/> | <input type="text"/> | THE TIME BEFORE THAT? | <input type="text"/> | <input type="text"/> | AND THE TIME BEFORE THAT? | <input type="text"/> | <input type="text"/> | AND THE TIME BEFORE THAT? | <input type="text"/> | <input type="text"/> | AND THE TIME BEFORE THAT? | <input type="text"/> | <input type="text"/> | AND THE TIME BEFORE THAT? | <input type="text"/> | <input type="text"/> |  |
| Name and Address of Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Office Use Only                                                                                                                          | Length of stay (nights) 00-80 |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| THE MOST RECENT ADMISSION?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| THE TIME BEFORE THAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| AND THE TIME BEFORE THAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| AND THE TIME BEFORE THAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| AND THE TIME BEFORE THAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| AND THE TIME BEFORE THAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/>                                                                                                                     | <input type="text"/>          |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |
| <p>83. WAS THE REASON FOR -----'S MOST RECENT ADMISSION</p> <p><i>Read until stopped</i></p> <p>SURGERY? <input type="checkbox"/><br/> TO HAVE TESTS DONE? <input type="checkbox"/><br/> OBSERVATION ONLY? <input type="checkbox"/><br/> A SICKNESS, ILLNESS OR INJURY? <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                               |                               |                            |                      |                      |                       |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |                           |                      |                      |  |

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>84 (a) IN THE LAST 4 WEEKS HAVE ANY OF THE FOLLOWING PEOPLE BEEN CONSULTED ABOUT -----'S HEALTH?</b><br><i>Read down list; when consultation mentioned tick person consulted code and ask</i>                                     |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| <b>84 (b) HOW MANY TIMES IN THE PAST FOUR WEEKS?</b><br><i>Enter number of times (1-7) in appropriate box, then read out next person on list and continue procedure until all asked</i>                                              |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| (Only aged 5 years or less)<br>BABY HEALTH CENTRE NURSE<br>SCHOOL, COMMUNITY OR OTHER NURSE<br>OPTICIAN OR OPTOMETRIST<br>CHEMIST<br>SOCIAL WORKER OR WELFARE OFFICER<br>PHYSIOTHERAPIST                                             | Person consulted<br>code<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6 | No. of times<br>(1-7)<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| <b>85 (a) YESTERDAY OR THE DAY BEFORE DID ----- TAKE OR USE ANY OF THE FOLLOWING MEDICINES, PILLS OR OINTMENTS?</b><br><i>Read down list; when medicine etc. mentioned by respondent tick appropriate medicine etc. code and ask</i> |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| <b>85 (b) HOW MANY DIFFERENT BRANDS OR KINDS?</b><br><i>Enter number (1-7) in appropriate box and ask</i>                                                                                                                            |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |
| <b>85 (c) WAS THIS HOW MANY OF THESE WERE PRESCRIBED OR SUGGESTED BY A DOCTOR?</b><br><i>Enter number (0-7) in appropriate box then read out next medicine on list and continue procedure until all asked</i>                        |                                                                                                                                                                                                              | Medicine etc.<br>code<br>PAIN RELIEVERS, SUCH AS ASPIRIN, HEADACHE POWDERS, CODEINE, PANADOL<br>COUGH MEDICINES OR ANY OTHER REMEDIES FOR COLDS<br>ALLERGY TABLETS OR MEDICINES<br>SKIN OINTMENTS OR SALVES, EXCLUDING BABY OILS AND NON-MEDICINAL PREPARATIONS<br>LAXATIVES OR ANY OTHER MEDICINES OR REMEDIES FOR -----'S STOMACH<br>TRANQUILLISERS, SEDATIVES OR MEDICINES FOR NERVOUS CONDITIONS<br>SLEEPING PILLS OR MEDICINES<br>VITAMINS OR TONICS<br>ANYTHING ELSE (Specify) -----<br>----- | Number of brands or kinds<br>(1-7)<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Number prescribed or suggested<br>(0-7)<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>86. Sequence Guide</b><br><i>If aged less than 1 year</i> <input type="checkbox"/> <i>Go to Q 87</i><br><i>If aged 1 to 5 years</i> <input type="checkbox"/> <i>Go to Q 90</i><br><i>If aged 6 years or more</i> <input type="checkbox"/> <i>Go to Q 88</i>                                                                                                            |  |                                                                                                                                                                                                                |
| <b>87. HOW MANY MONTHS OLD IS -----?</b><br><i>Less than 6 months</i> <input type="checkbox"/> <i>No more questions</i><br><i>6 to 11 months</i> <input type="checkbox"/> <i>Go to Q 90</i>                                                                                                                                                                               |  |                                                                                                                                                                                                                |
| <b>88. WHEN WAS THE LAST TIME ----- WENT TO A DENTIST?</b><br><i>6 months ago or less</i> } <i>No more questions</i><br><i>More than 6 months to 12 months ago</i> }<br><i>More than 1 year ago</i> }<br><i>Never been to a Dentist</i>                                                                                                                                   |  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4                                                                                           |
| <b>89. WHAT IS THE MAIN REASON ----- HAS NOT BEEN TO A DENTIST DURING THE LAST 12 MONTHS?</b><br><i>Nothing wrong (i.e. no symptoms with natural or false teeth)</i><br><i>Costs too much</i><br><i>Difficult to get an appointment</i><br><i>Do not like to go to the Dentist</i><br><i>Too busy/couldn't be bothered</i><br><i>No particular reason</i><br><i>Other</i> |  | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7 |
| <b>90. HAS ----- RECEIVED ANY TRIPLE-ANTIGEN VACCINE INSTRUCTIONS AGAINST WHOOPING COUGH, TETANUS AND DIPHTHERIA?</b><br><i>Yes</i> <input type="checkbox"/> <i>Go to Q 92</i><br><i>No</i> <input type="checkbox"/><br><i>Don't know</i> <input type="checkbox"/> <i>Go to Q 94</i>                                                                                      |  |                                                                                                                                                                                                                |
| <b>91. IS THERE A PARTICULAR REASON ----- DIDN'T RECEIVE ANY TRIPLE-ANTIGEN VACCINE?</b><br><i>Yes - Don't think it necessary</i><br><i>Yes - Don't know about the immunization</i><br><i>Yes - Don't believe in immunization</i><br><i>Yes - Other reason</i><br><i>No - Don't know why</i>                                                                              |  | <input type="checkbox"/> 0<br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>92. HOW MANY INJECTIONS DID . . . . . RECEIVED?</p> <p>One <input type="checkbox"/></p> <p>Two <input type="checkbox"/></p> <p>Three <input type="checkbox"/></p> <p>Four <input type="checkbox"/></p> <p>Five or more <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>                                                                                                                                | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> |
| <p>93. FROM WHOM DID . . . . . RECEIVE THESE INJECTIONS?</p> <p>Private Doctor only <input type="checkbox"/></p> <p>Local Council or Public Health Centre only <input type="checkbox"/></p> <p>Other Single Person <input type="checkbox"/></p> <p>Multiple Sources <input type="checkbox"/></p> <p>Don't Remember <input type="checkbox"/></p>                                                                                  | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>                                   |
| <p>94. HAS . . . . . RECEIVED ANY VACCINE, EITHER SALT OR SALTIN ORAL, AGAINST POLIO?</p> <p>Yes <input type="checkbox"/> Go to Q 95</p> <p>No <input type="checkbox"/> or more questions</p> <p>Don't know <input type="checkbox"/></p>                                                                                                                                                                                         | <p><input type="checkbox"/> 0</p>                                                                                                                                                                           |
| <p>95. IS THERE A PARTICULAR REASON . . . . . DIDN'T RECEIVE ANY POLIO VACCINE?</p> <p>Yes - Don't think it necessary <input type="checkbox"/></p> <p>Yes - Don't know about the immunization <input type="checkbox"/></p> <p>Yes - Don't believe in immunization <input type="checkbox"/></p> <p>Yes - Other reason <input type="checkbox"/></p> <p>No - Don't know why <input type="checkbox"/></p> <p>} No more questions</p> | <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> |
| <p>96. HOW MANY DROPS HAS . . . . . RECEIVED?</p> <p>One <input type="checkbox"/></p> <p>Two <input type="checkbox"/></p> <p>Three <input type="checkbox"/></p> <p>Four <input type="checkbox"/></p> <p>Five or more <input type="checkbox"/></p> <p>Don't know <input type="checkbox"/></p>                                                                                                                                     | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> |
| <p>97. FROM WHOM DID . . . . . RECEIVE THESE DROPS?</p> <p>Private Doctor only <input type="checkbox"/></p> <p>Local Council or Public Health Centre only <input type="checkbox"/></p> <p>Other Single Person <input type="checkbox"/></p> <p>Multiple Sources <input type="checkbox"/></p> <p>Don't Remember <input type="checkbox"/></p>                                                                                       | <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>                                   |





# APPENDIX F

## PROMPT CARDS

### F.1 Prompt card A - regional map

Prompt card A consisted of a set of maps of the special regions covered in the survey. At dwellings within the special regions, householders were shown the corresponding region map in association with the question on period of residence (see Household Questionnaire - Appendix C). The maps used as Prompt card A are not shown in this Appendix because maps of the regions are already shown in Appendix B.

### F.2 Prompt cards B to P for use with the Adult questionnaire

| CARD    | DESCRIPTION                                                                |
|---------|----------------------------------------------------------------------------|
| B       | list of usual major activities                                             |
| C,D,E,F | lists of complaints and symptoms for the questions on recent illness       |
| G,H,I,J | questions and choice of answers for the index of general well being        |
| K       | list of chronic conditions                                                 |
| L,M,N   | lists of activity limitations for use with questions on chronic conditions |
| O       | list of reasons for consulting a doctor                                    |
| P       | income categories                                                          |

### F.3 Prompt cards Q to V for use with the Child questionnaire

| CARD | DESCRIPTION                                                                |
|------|----------------------------------------------------------------------------|
| Q,R  | lists of complaints and symptoms for the questions on recent illness       |
| S    | list of chronic conditions                                                 |
| T,U  | lists of activity limitations for use with questions on chronic conditions |
| V    | list of reasons for consulting a doctor                                    |

**B**

**WORKING IN A JOB, TRADE,  
BUSINESS OR PROFESSION**

**RETIRED**

**ENGAGED IN HOME DUTIES**

**PERMANENTLY UNABLE TO WORK**

**FULL-TIME TERTIARY STUDENT**

**SCHOOL STUDENT**

**SOME OTHER ACTIVITY**

**C**

1. SORE THROAT, COLD
2. COUGH OR BRINGING UP  
PHLEGM
3. SHORTNESS OF BREATH AT  
NIGHT OR WITH LIGHT  
EXERCISE
4. FEELING TENSE OR NERVOUS
5. FEELING ANXIOUS
6. FEELING DEPRESSED
7. TROUBLE SLEEPING

**D**

- 8. SEVERE HEADACHE
- 9. DIZZINESS
- 10. UNUSUAL WEAKNESS OR  
TIREDNESS
- 11. JOINT PAIN OR SWELLING  
OR ARTHRITIS
- 12. PAIN IN LEGS
- 13. SEVERE BACKACHE
- 14. MUSCLE PAINS

**E**

- 15. UPSET STOMACH, VOMITING,  
DIARRHOEA, OR STOMACH PAIN
- 16. CHEST PAIN
- 17. EAR ACHE OR DRAINING EAR
- 18. RINGING IN THE EAR
- 19. SKIN RASH
- 20. SERIOUSLY OVERWEIGHT
- 21. HEART TROUBLE

**F**

22. UNUSUAL BLEEDING FROM ANY PART OF THE BODY
23. FREQUENT OR PAINFUL URINATION, KIDNEY OR BLADDER TROUBLE
24. LOSS OF APPETITE
25. DIFFICULTY WITH EYE SIGHT (EVEN WITH GLASSES)
26. OTHER COMPLAINT DUE TO ACCIDENT OR INJURY

**G**

54. HAVE YOU RECENTLY BEEN ABLE TO CONCENTRATE ON WHATEVER YOU'RE DOING?

| A                 | B             | C               | D                    |
|-------------------|---------------|-----------------|----------------------|
| Better than usual | Same as usual | Less than usual | Much less than usual |

55. HAVE YOU RECENTLY LOST MUCH SLEEP OVER WORRY?

| E          | F                  | G                      | H                    |
|------------|--------------------|------------------------|----------------------|
| Not at all | No more than usual | Rather more than usual | Much more than usual |

56. HAVE YOU RECENTLY FELT THAT YOU ARE PLAYING A USEFUL PART IN THINGS?

| J                  | K             | L                      | M                |
|--------------------|---------------|------------------------|------------------|
| More so than usual | Same as usual | Less useful than usual | Much less useful |

57. HAVE YOU RECENTLY FELT CAPABLE  
OF MAKING DECISIONS ABOUT THINGS?

H

| N                        | P                   | Q                        | R                       |
|--------------------------|---------------------|--------------------------|-------------------------|
| More so<br>than<br>usual | Same<br>as<br>usual | Less so<br>than<br>usual | Much<br>less<br>capable |

58. HAVE YOU RECENTLY FELT  
CONSTANTLY UNDER STRAIN?

| S                | T                        | U                               | V                             |
|------------------|--------------------------|---------------------------------|-------------------------------|
| Not<br>at<br>all | No more<br>than<br>usual | Rather<br>more<br>than<br>usual | Much<br>more<br>than<br>usual |

59. HAVE YOU RECENTLY FELT THAT YOU  
COULDN'T OVERCOME YOUR DIFFICULTIES?

| W                | X                        | Z                               | A                             |
|------------------|--------------------------|---------------------------------|-------------------------------|
| Not<br>at<br>all | No more<br>than<br>usual | Rather<br>more<br>than<br>usual | Much<br>more<br>than<br>usual |

60. HAVE YOU RECENTLY BEEN ABLE TO  
ENJOY YOUR NORMAL DAY-TO-DAY ACTIVITIES?

I

| B                        | C                   | D                        | E                          |
|--------------------------|---------------------|--------------------------|----------------------------|
| More<br>so than<br>usual | Same<br>as<br>usual | Less<br>so than<br>usual | Much<br>less than<br>usual |

61. HAVE YOU RECENTLY BEEN ABLE TO  
FACE UP TO YOUR PROBLEMS?

| F                        | G                   | H                          | J                    |
|--------------------------|---------------------|----------------------------|----------------------|
| More<br>so than<br>usual | Same<br>as<br>usual | Less<br>able than<br>usual | Much<br>less<br>able |

62. HAVE YOU RECENTLY BEEN  
FEELING UNHAPPY AND DEPRESSED?

| K                | L                           | M                               | N                             |
|------------------|-----------------------------|---------------------------------|-------------------------------|
| Not<br>at<br>all | No<br>more<br>than<br>usual | Rather<br>more<br>than<br>usual | Much<br>more<br>than<br>usual |

63.

HAVE YOU RECENTLY BEEN  
LOSING CONFIDENCE IN YOURSELF?

J

P

Q

R

S

Not  
at  
all

No  
more  
than  
usual

Rather  
more  
than  
usual

Much  
more  
than  
usual

64.

HAVE YOU RECENTLY BEEN THINKING OF  
YOURSELF AS A WORTHLESS PERSON?

T

U

V

W

Not  
at  
all

No  
more  
than  
usual

Rather  
more  
than  
usual

Much  
more  
than  
usual

65.

HAVE YOU RECENTLY BEEN FEELING  
REASONABLY HAPPY, ALL THINGS CONSIDERED?

X

Z

A

B

More  
so than  
usual

About  
same  
as usual

Less  
so  
than  
usual

Much  
less  
than  
usual

K

PARAPLEGIA

OTHER PARALYSIS OR LOSS OF USE  
OF LIMB

AMPUTATION OR LOSS OF ARM, LEG,  
FOOT, HAND, TOES, ETC.

SLIPPED DISC, SCIATICA,  
FIBROSITIS, LUMBAGO, ETC.

FRACTURED - HIP, THIGH, SPINE

SERIOUS RUINS OR WOUNDS

CLUB FOOT, CLEFT PALATE OR  
OTHER DEFORMITY FROM BIRTH

OTHER DEFORMITY

AN ALLERGY

HAY FEVER

DERMATITIS, ECZEMA

HERNIA OR RUPTURE

EPILEPSY

MENTAL ILLNESS OR EMOTIONAL  
PROBLEM

MENTAL RETARDATION

EXCESSIVE DRINKING OR  
DEPENDENCE ON DRUGS

MIGRAINE

MISSING ORGAN (LUNG, KIDNEY)  
ETC.

BLINDNESS OR SERIOUS TROUBLE  
SEEING EVEN WITH GLASSES,  
CATARACT, GLAUCOMA, ETC.

DEAFNESS, COMPLETE OR PARTIAL  
SERIOUS SPEECH TROUBLE

HEART AND CORONARY DISEASE

STROKE (AFTER EFFECTS)

BLOOD PRESSURE

VARICOSE VEINS OR HAEMORRHOIDS

ANEMIA

CANCER

TUMOR

ULCER OF STOMACH OR

DUODENUM

GOITRE

TUBERCULOSIS

KIDNEY DISEASE

GALLSTONES, KIDNEY STONES

DIABETES

ASTHMA

BRONCHITIS

ARTHRITIS

RHEUMATISM

GOUT

**L**

- 01. CONFINED TO BED
- 02. CONFINED TO HOME
- 03. NEEDS HELP IN GETTING  
OUT OF HOUSE
- 04. NOT LIMITED IN ANY OF  
THESE WAYS

**M**

- 05. NOT ABLE TO DO ANY  
HOUSEWORK AT ALL
- 06. ABLE TO DO SOME HOUSEWORK,  
BUT NOT ALL
- 07. ABLE TO DO ALL HOUSEWORK  
BUT OTHER ACTIVITIES, LIKE  
SHOPPING AND SPORT, ARE  
RESTRICTED
- 08. NOT LIMITED IN ANY OF  
THESE WAYS

**N**

09. NOT ABLE TO WORK OR  
GO TO SCHOOL AT ALL
10. ABLE TO DO SOME WORK OR  
SPEND SOME TIME AT SCHOOL
11. NOT LIMITED IN WORK OR  
SCHOOL BUT OTHER  
ACTIVITIES, LIKE SPORT, ARE  
RESTRICTED
12. NOT LIMITED IN ANY OF  
THESE WAYS

**O**

**IMMUNIZATION/VACCINATION**

**EYE TEST**

**PRE- OR POST-NATAL CARE**

**RENEWAL OF PRESCRIPTION**

**A CERTIFICATE, OTHER THAN A  
PRESCRIPTION**

**A SICKNESS, ILLNESS, INJURY,  
OR INFECTION**

**SOME OTHER REASON**



**GROSS INCOME  
1976-77**

**P**

**RANGE**

**YEARLY  
\$**

01

NIL

02

LESS THAN 200

(\$3 per week)

03

201 — 1,000

(\$3 — \$19 per week)

04

1,001 — 2,000

(\$19 — \$38 per week)

05

2,001 — 3,000

(\$38 — \$57 per week)

06

3,001 — 4,000

(\$57 — \$76 per week)

07

4,001 — 5,000

(\$76 — \$96 per week)

08

5,001 — 6,000

(\$96 — \$115 per week)

09

6,001 — 7,000

(\$115 — \$134 per week)

10

7,001 — 8,000

(\$134 — \$153 per week)

11

8,001 — 10,000

(\$153 — \$192 per week)

12

10,001 — 12,000

(\$192 — \$230 per week)

13

12,001 — 14,000

(\$230 — \$269 per week)

14

OVER 14,001

(Over \$269 per week)

**Q**

1. COLD, SORE THROAT, COUGH
2. EAR ACHE, OR DRAINING EAR
3. FEVER, TEMPERATURE
4. BED WETTING
5. FREQUENT OR PAINFUL URINATION  
(KIDNEY OR BLADDER TROUBLE)
6. JOINT PAIN OR SWELLING
7. NERVOUSNESS, WORRY OR  
IRRITABILITY
8. NOISY BREATHING OR WHEEZING
9. SERIOUSLY OVERWEIGHT

**R****10. SEVERE HEADACHE****11. SKIN RASH****12. TROUBLE SLEEPING****13. UNUSUAL WEAKNESS****14. UPSET STOMACH, VOMITING  
OR DIARRHOEA****15. LOSS OF APPETITE****16. EYE TROUBLE (EVEN WITH GLASSES)****17. OTHER COMPLAINT DUE  
TO ACCIDENT OR INJURY****S**

HEART AND CORONARY DISEASE

ASTHMA

BRONCHITIS

AN ALLERGY

HAY FEVER

DERMATITIS, ECZEMA

EPILEPSY

ANAEMIA

CANCER

TUMOR

LEUKEMIA

HAEMOPHILIA (BLEEDING  
DISORDERS)

HERNIA OR RUPTURE

GOITRE

TUBERCULOSIS

KIDNEY DISEASE

KIDNEY STONES

DIABETES

CEREBRAL HAEMORRHAGE

BEHAVIOUR DISORDER OR  
EMOTIONAL PROBLEMMENTAL RETARDATION OR  
MONGOLISM

MIGRAINE

BLINDNESS OR SERIOUS TROUBLE  
SEEING EVEN WITH GLASSES,  
CATARACT, GLAUCOMA

DEAFNESS, COMPLETE OR PARTIAL

SERIOUS SPEECH TROUBLE

MISSING ORGAN (LUNG, KIDNEY,  
ETC.)

SPASTIC CONDITION

PARAPLEGIA

OTHER PARALYSIS OR LOSS OF  
USE OF LIMBAMPUTATION OR LOSS OF ARM, LEG,  
FOOT, HAND, FINGERS, ETC.

FRACTURED - HIP, THIGH, SPINE

SERIOUS BURNS OR WOUNDS

CLUB FOOT, CLEFT PALATE OR  
OTHER DEFORMITY FROM BIRTH

BRAIN DAMAGE FROM BIRTH

OTHER DEFORMITY

CYSTIC FIBROSIS

MAL-ABSORPTION SYNDROME  
(COELIAC DISEASE)

**T**

- 01. NOT ABLE TO TAKE PART  
AT ALL IN ORDINARY  
PLAY WITH OTHER CHILDREN
- 02. ABLE TO PLAY WITH  
OTHER CHILDREN BUT  
LIMITED IN AMOUNT OR  
KIND OF PLAY
- 03. NOT LIMITED IN ANY  
OF THESE WAYS

**U**

- 04. NOT ABLE TO GO TO  
SCHOOL AT ALL
- 05. ABLE TO GO TO SCHOOL  
BUT LIMITED TO CERTAIN  
TYPES OF SCHOOL OR  
SCHOOL ATTENDANCE
- 06. ABLE TO GO TO SCHOOL  
BUT LIMITED IN OTHER  
ACTIVITIES LIKE SPORT  
AND PLAY
- 07. NOT LIMITED IN ANY  
OF THESE WAYS

**V**

**IMMUNIZATION/VACCINATION**

**EYE TEST**

**RENEWAL OF PRESCRIPTION**

**A CERTIFICATE, OTHER THAN A  
PRESCRIPTION**

**ANY SICKNESS, ILLNESS, INJURY  
OR INFECTION**

**SOME OTHER REASON**

## APPENDIX G

## HOUSEHOLD RESPONSE RATES

The response rates contained in this Appendix refer to households only and do not relate to response rates for persons, since households which were 'not fully responding' may have contained some persons whose individual response status was 'fully responding'.

## G.1 Regions

|                                                                                                           | Number of eligible households (a) | Number of fully responding households (b) | Response rate (%) (c) |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------|-----------------------|
| <u>New South Wales</u>                                                                                    |                                   |                                           |                       |
| Inner Metropolitan                                                                                        | 551                               | 431                                       | 78                    |
| Southern Metropolitan                                                                                     | 628                               | 488                                       | 78                    |
| Western Metropolitan                                                                                      | 592                               | 489                                       | 83                    |
| Northern Metropolitan                                                                                     | 580                               | 486                                       | 84                    |
| New England                                                                                               | 566                               | 500                                       | 88                    |
| <u>Victoria</u>                                                                                           |                                   |                                           |                       |
| Central Melbourne and Caulfield                                                                           | 606                               | 542                                       | 89                    |
| Diamond Valley                                                                                            | 586                               | 509                                       | 87                    |
| Wimmera                                                                                                   | 502                               | 405                                       | 81                    |
| Central Gippsland                                                                                         | 548                               | 483                                       | 88                    |
| <u>Queensland</u>                                                                                         |                                   |                                           |                       |
| Brisbane Metropolitan                                                                                     | 832                               | 741                                       | 89                    |
| Mackay, Northern & Far North                                                                              | 495                               | 384                                       | 78                    |
| West                                                                                                      | 572                               | 500                                       | 87                    |
| <u>South Australia</u>                                                                                    |                                   |                                           |                       |
| Northern Metropolitan                                                                                     | 599                               | 506                                       | 84                    |
| Southern Metropolitan                                                                                     | 625                               | 525                                       | 84                    |
| <u>Western Australia</u>                                                                                  |                                   |                                           |                       |
| South Western Metropolitan                                                                                | 565                               | 502                                       | 89                    |
| South Western Ex-metropolitan                                                                             | 505                               | 453                                       | 90                    |
| <u>Tasmania</u>                                                                                           |                                   |                                           |                       |
| North Western                                                                                             | 567                               | 501                                       | 88                    |
| <u>Northern Territory</u>                                                                                 |                                   |                                           |                       |
| Five major population centres of Darwin,<br>Alice Springs, Katherine, Tennant<br>Creek and Gove-Nhulunbuy | 602                               | 529                                       | 88                    |
| <u>Australian Capital Territory</u>                                                                       |                                   |                                           |                       |
| Canberra                                                                                                  | 581                               | 489                                       | 84                    |

See G.2 for footnotes

## G.2 States

|                              | Number of eligible<br>households(a) | Number of fully<br>responding<br>households(b) | Response<br>rate (%)<br>(c) |
|------------------------------|-------------------------------------|------------------------------------------------|-----------------------------|
| New South Wales              | 3437                                | 2819                                           | 82                          |
| Victoria                     | 2943                                | 2578                                           | 88                          |
| Queensland                   | 2284                                | 1977                                           | 87                          |
| South Australia              | 1793                                | 1513                                           | 84                          |
| Western Australia            | 1808                                | 1637                                           | 91                          |
| Tasmania                     | 1129                                | 997                                            | 88                          |
| Northern Territory           | 602                                 | 529                                            | 88                          |
| Australian Capital Territory | 581                                 | 489                                            | 84                          |
| Australia                    | 14577                               | 12539                                          | 86                          |

(a) Excludes households outside the scope of the survey and those dwellings found to be vacant, ie, the effective sample for the survey.

(b) The number of households that co-operated fully during the survey, ie, complete schedules were obtained for all persons in these households who were within the scope and coverage rules of the survey.

(c) Obtained by dividing the number of fully responding households by the number of eligible households, multiplied by 100.

APPENDIX H  
SPECIAL CLASSIFICATIONS

H.1 Classification of Country of Birth

The following are details of the classifications used for the coding of countries of birth

| Area                   | Countries Included                                                                                                                                             |                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Australia              | AUSTRALIA<br>Christmas Is.<br>Cocos (Keeling) Is.<br>Flinder's Is. (Tas)<br>King Is. (Tas)                                                                     | Norfolk Is.<br>Thursday Is. (Qld)                                                                                                                                      |
| UK, Ireland            | Channel Is.<br>Eire (Republic of Ireland)<br>ENGLAND<br>IRELAND - NORTHERN<br>Ireland - Southern<br>Irish Republic<br>Irish Free State<br>Isle of Man          | Isle of Wight<br>Northern Ireland<br><br>Republic of Ireland (Eire)<br>SCOTLAND<br>Southern Ireland<br>UNITED KINGDOM (UK)<br>WALES                                    |
| Other English-speaking | USA<br>Canada<br>New Zealand                                                                                                                                   | South Africa<br>Zimbabwe                                                                                                                                               |
| Italy                  | ITALY<br>Vatican City State                                                                                                                                    | Sicily                                                                                                                                                                 |
| Yugoslavia             | Croatia<br>Dalmatia<br>Yugoslavia                                                                                                                              | Serbia<br>YUGOSLAVIA                                                                                                                                                   |
| Greece                 | Greece<br>Crete                                                                                                                                                |                                                                                                                                                                        |
| Europe                 | Albania<br>Bulgaria<br>Czechoslovakia (CSSR)<br>East Germany<br>Estonia<br>Germany, East<br>Hungary<br>Latvia<br>Andorra<br>Austria<br>Balearic Is.<br>Belgium | Liechtenstein<br>Lithuania<br>Poland<br>Romania<br>Ukraine<br>USSR (nei) European<br>White Russian<br>Luxembourg<br>Malta<br>Monaco<br>Netherlands (Holland)<br>Norway |

| Area       | Countries Included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <div data-bbox="319 239 526 407">           Cyprus<br/>           Denmark<br/>           Faerorne Is.<br/>           Finland<br/>           France<br/>           Germany, West<br/>           Gibraltar<br/>           Holland (Netherlands)<br/>           Iceland         </div> <div data-bbox="615 239 739 407">           Portugal<br/>           San Marino<br/>           Spain<br/>           Sweden<br/>           Switzerland<br/>           West Germany<br/>           Turkey<br/>           Armenia<br/>           Asia Minor         </div> |
| Not stated |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Other      | <div data-bbox="319 487 658 655">           African Countries (except Zimbabwe<br/>                             and South Africa)<br/>           Asia except Asia Minor<br/>           China<br/>           United Arab Republic (UAR)<br/>           USSR - Asian<br/>           New Guinea<br/>           South Americas<br/>           Other         </div>                                                                                                                                                                                             |



## H.2 Classification of Agency associated with most recent accident

## Introduction

The following are details of the classification of the agency associated with the accident which were used in the coding of this data item and give a general guide to the composition of the various categories tabulated.

## Definition

Agency - relates to that item which because of its hazardous nature or condition precipitated the event which led to the injury. For example if the injured person strained his back while lifting an article, the article was coded as the agent.

| Classification                                             | Type of agency included in the classification                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Machines and Lifting Equipment</b>                      |                                                                                                                                                                                                                                                                                                                                                       |
| Machines and lifting equipment<br>(power driven and other) | Engines used for driving machinery, transmission belts and cables, lathes, forging machines, grinding machines, power presses, compressors, pumps, cement mixers, cranes, winches, pulley blocks, jacks, lifts, elevators.                                                                                                                            |
| <b>Motor and other Transport Vehicles</b>                  |                                                                                                                                                                                                                                                                                                                                                       |
| Motor Vehicles                                             | Cars, trucks, buses, motor bikes ONLY.                                                                                                                                                                                                                                                                                                                |
| Other transport vehicles                                   | Tractors, bulldozers, scrapers, front-end loaders, steam rollers, animal and hand drawn vehicles, bicycles, planes, helicopters, trains, rolling stock, boats, barges, launches, conveyor belts, escalators, chutes and slides.                                                                                                                       |
| <b>Tools and Appliances</b>                                |                                                                                                                                                                                                                                                                                                                                                       |
| Electric hand tools and appliances<br>(household type)     | Power drills, electric soldering equipment, portable electric saws, electric saws, electric welding equipment, fridges, electric kettles, air-conditioners, televisions, hair dryers, power cords, electric stoves, electric razors, irons, office cleaning equipment, washing machines (electric shocks from hand in machine while spin-dry on etc). |

| Classification                                                 | Type of agency included in the classification                                                                                                                                                                                                                            |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other hand tools, appliances and implements                    | Chisels, hammers, blow torches, shovels, axes, crowbars, knives, garden hoses, hoes, oxy-acetelene welding equipment, gas fires, gas stoves, oil heaters, kerosene heaters, hurricane lamps, carpet sweepers, gas or metho portable stoves or barbeques, wood barbeques. |
| Furniture, Fittings and building Structures or Surfaces        |                                                                                                                                                                                                                                                                          |
| Furniture and fittings                                         | Strollers, nursery equipment, wheelchairs, bedding, chairs, baths, tables, taps, light fittings, curtains, desks, cupboards, shelves, scatter rugs.                                                                                                                      |
| Building structures or construction material                   | Doors, windows, walls, gates, stacked or loose construction material, excavation.                                                                                                                                                                                        |
| Traffic and other surfaces (excluding recreation areas)        | Steps, stairs, floors, footpaths, gang-planks, tracks, parking areas, storage area, house gardens, public gardens, concrete surrounding swimming pool.                                                                                                                   |
| Household and personal Items (including containers)            |                                                                                                                                                                                                                                                                          |
| Household type article/utensil/ornament                        | Cutlery, glassware, scissors, pots and pans.                                                                                                                                                                                                                             |
| Personal use items/haberdashery                                | Pins, clothing, jewellery, coins, headwear, footwear, cigarettes, lighters, safety razors.                                                                                                                                                                               |
| Containers                                                     | Crates, boxes, cases, cartons, drums, tins, glass jars plastic bags, etc.                                                                                                                                                                                                |
| Contact with Animals or Substances (including the environment) |                                                                                                                                                                                                                                                                          |
| Animal, insect or reptile                                      | Bites, kicks, stings, etc                                                                                                                                                                                                                                                |
| Consumables and drugs                                          | Medicaments, cosmetics, cooking oil, fish bones, other foodstuffs                                                                                                                                                                                                        |
| Dusts, gases or chemicals                                      | Fumes, acids, bleaches, dyes, kerosene, paint, garden spray.                                                                                                                                                                                                             |
| Environment                                                    | Extreme weather, landslides, sunburn, fires, ventilation noise, water, trees, rough ground, lightning, wind, tempest, dust, pollen, seeds.                                                                                                                               |

| Classification                              | Type of agency included in the classification                                                                                                     |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sporting or Recreation Equipment</b>     |                                                                                                                                                   |
| Sporting or recreation equipment            | Swimming pools (excludes area surrounding pool), playground equipment, skate boards, marbles, toys, hang gliders, golf balls, sporting equipment. |
| <b>Human Cause</b>                          |                                                                                                                                                   |
| Human cause                                 | Excludes human failure, includes assault, surgical and medical complication or misadventure, sporting mishap, tackle.                             |
| <b>Other</b>                                |                                                                                                                                                   |
| Other n.e.c. (including no agency involved) | Includes cases where a movement by a person, entirely on its own results in injury ie WITHOUT handling, lifting, stepping on, etc. objects.       |
|                                             | Lawnmowers - all types                                                                                                                            |
|                                             | Ladder and scaffolding.                                                                                                                           |
| Not classified for lack of sufficient data  |                                                                                                                                                   |

### H.3 Classification of Event resulting in injury

#### Introduction

The following are details of the classification of the events resulting in injury which were used in the coding of this data item and give a general guide to the composition of the various categories tabulated.

#### Definitions

Event resulting in injury - refers to the action or event which directly resulted in injury, ie the manner in which the object or substance causing the injury came into contact with the person.

| Classification                                                                 | Type of agency included in the classification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fall or Jump by Person                                                         | falls from moving objects<br>thrown from moving objects<br>falls of persons from heights<br>falls into depths<br>falls of persons on the same level (while handling, carrying, pushing, pulling)<br>jumps from moving objects<br>jumps from a height<br>jumping up<br>jumping across or over                                                                                                                                                                                                                                                                                                                                                                                                               |
| Struck by Falling Objects                                                      | struck by an object in free fall<br>struck by falling objects during handling<br>collapse (building, walls, scaffolds, ladders)<br>slides and cave-ins (earth, rocks, sand)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Stepping on, Striking against or Struck by Objects (excluding falling objects) | stepping on objects<br>stumbling or tripping on an object without falling or striking against an object<br>stepping in or on uneven surfaces or onto a different level (including stumbling and tripping as a result of stepping in a hole, etc without falling or striking against an object)<br>striking against stationary objects (except impacts due to a previous fall) (includes grabbing a stationary object)<br>striking against moving objects (except impacts due to a previous fall) (includes grabbing a moving object and clothing catching in machinery)<br>struck by moving objects (including flying fragments and particles) (excluding falling objects) (including assaults by persons) |

| Classification                                                                                                             | Type of event included in the classification                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                            | jar (ie jarred wrist, hand, etc)<br>cut not elsewhere classifiable<br>puncture, not elsewhere classifiable (includes<br>splinter in hand, etc, not elsewhere<br>classifiable)<br>injury caused by friction, not elsewhere<br>classifiable                                                                                                                                                                                                                                            |
| Caught in or Between Objects                                                                                               | caught in an object<br>caught between a stationary object (except<br>ground, floor, etc) and a moving object<br>caught between moving objects (except flying<br>or falling objects) crushed, not elsewhere<br>classifiable.                                                                                                                                                                                                                                                          |
| Overexertion, Strenuous Movements                                                                                          | overexertion in lifting, pushing, pulling,<br>handling or throwing objects<br>strenuous movements (includes catching objects<br>falling or otherwise, squatting, climbing)<br>apparently normal movements (includes<br>kneeling) movements not elsewhere classifiable                                                                                                                                                                                                                |
| Exposure to or Contact with Extreme<br>Temperatures, Electric Current,<br>Harmful Substances or Radiations                 | exposure to heat or cold (atmosphere or<br>environment)<br>contact with hot substances or objects<br>contact with very cold substances or objects<br>exposure to or contact with electric current<br>struck by lightning<br>contact (including inhalation, ingestions or<br>absorption) with harmful substances (includes<br>chemical burns, reaction to injection,<br>poisoning)<br>exposure to radiations (includes X-rays,<br>welding flash, ultraviolet rays, infra-red<br>rays) |
| Other Types of Accident, not<br>elsewhere Classified, Including<br>Accidents not Classified for<br>Lack of Sufficient Data | bites and stings of animals, insects, etc<br>blister etc caused by clothing<br>injury to driver or passenger of a vehicle,<br>not elsewhere classifiable<br>injury by suffocation, not elsewhere<br>classifiable<br>injury by slipping, not elsewhere classifiable<br>accidents not classified for lack of<br>sufficient data                                                                                                                                                        |



## APPENDIX I

## ESTIMATION

## 1.1 Quarterly estimates at State and national levels.

State and national quarterly estimates were formed by producing estimates at the part-of-State level (metropolitan/non-metropolitan) and then adding to the State or national levels accordingly.

Weights used for this type of estimate were derived from quarterly population benchmarks (N) adjusted for the scope of the survey (see 8.3) showing the number of persons in each part-of-State, cross-classified by age (in 5 year age groups) and sex, for each of the four quarters. The weight  $w$  for a responding individual in quarter  $q$ , of age  $a$ , sex  $s$ , in stratum  $h$  of part-of-State  $z$  was determined using the following formula:

$$w_{qhas} = \frac{N_{qzas}}{f_h} \bigg/ \sum_{h \in z} \frac{n_{qhas}}{f_h}$$

where  $N_{qzas}$  = the number of persons in part-of-State  $z$ , age group  $a$ , sex  $s$  during quarter  $q$ .

$n_{qhas}$  = the number of respondents in stratum  $h$ , age group  $a$ , sex  $s$  during quarter  $q$ .

$f_h$  = the sampling fraction of stratum  $h$ .

The total part-of-State quarterly estimate for a condition measured by the variable  $x$  could then be obtained by:

$$x'_{qz} = \sum_{h \in z} \sum_{a,s} w_{qhas} \sum_i x_{qhasi}$$

where  $x_{qhasi}$  = the value of  $x$  for the  $i$ 'th individual respondent in stratum  $h$ , age  $a$  and sex  $s$  interviewed in quarter  $q$ .

For example, if the variable being measured is the number of recent illnesses reported, then  $x$  would equal 0,1,2,3,4 or 5 depending on the number of illnesses reported (0 representing none and 5 representing 5 or more) by a particular respondent. The estimate of the total number of recent illnesses in part-of-State  $z$  equals the sum of the various values of  $x$  each multiplied by its respective weight  $w$ , the summation being over all strata in part-of-State  $z$ , all ages and sex.

State and national quarterly estimates were then obtained by adding the appropriate part-of-State estimates.

## I.2 Annual estimates at State and national levels

Annual estimates at State and national levels are the average of the estimates obtained for the four quarters.

## I.3 Annual estimates at the regional level

The annual estimates for special health regions were obtained by independent calculations using annual regional benchmarks (N) in the derivation of annual regional weights. The weight for respondents of age a, sex s in each of the strata h constituting region r was determined by:

$$w_{has} = \frac{N_{ras}}{f_h} / \sum_{h \in r} \frac{n_{has}}{f_h}$$

where  $N_{ras}$  = the number of persons in region r, age group a, sex s.  
 $n_{has}$  = the number of respondents in stratum h, age group a, sex s  
 $f_h$  = the sampling fraction of stratum h

The estimate for region r could then be obtained by

$$x'_r = \sum_{h \in r} \sum_{a,s} w_{has} \sum_i x_{hasi}$$

where  $x_{hasi}$  = the value of x for the i'th individual respondent in stratum h, age a and sex s.



## APPENDIX J

### STANDARD ERRORS

#### J.1 Calculation of standard errors

The standard errors of all estimates were derived by the split-halves method. In strata where three stages of selection were used (see Chapter 4), selected census collectors districts were alternately allocated to one of two groups known as variance groups. In the other areas, primary sampling units were allocated to variance groups. The estimates of sampling variance (the square of the standard error) were then derived by use of the split-halves variance expression

$$v(x'_q) = \sum_z \sum_{h \in z} (x'_{qh_1} - x'_{qh_2} - \sum_{a,s} \frac{x'_{qzas}}{f_h \sum_h \frac{1}{f_h} n_{qhas}} (n_{qh_1as} - n_{qh_2as}))^2$$

where  $h_1, h_2$  denote the two variance groups within stratum  $h$ , and

$$\begin{aligned} n_{qh_jas} &= \text{the number of respondents in variance group } j \text{ of stratum } h, \text{ age group } a, \text{ sex } s \text{ in quarter } q, \text{ and } j = 1 \text{ or } 2 \\ x'_{qh_j} &= \sum_{a,s} x_{qh_jas}, \text{ and } j = 1 \text{ or } 2 \\ x'_{qh_jas} &= \sum_i x_{qh_jasi}, \text{ and } j = 1 \text{ or } 2 \end{aligned}$$

other expressions are as indicated in Appendix I

Standard errors were 'smoothed' using models of the form

$$\log(SE\%) = A + B \log(\text{estimate}) + C \log(\text{estimate})^2$$

where  $A$ ,  $B$  and  $C$  were estimated by ordinary least squares regression. Separate models were fitted for each region, for each State and Territory and for quarterly and annual estimates.

#### J.2 Table of standard errors

A table of standard errors for general application in using annual State and national estimates is given below. These figures will not give a precise measure of the standard error of a particular estimate but they will provide an indication of its magnitude.

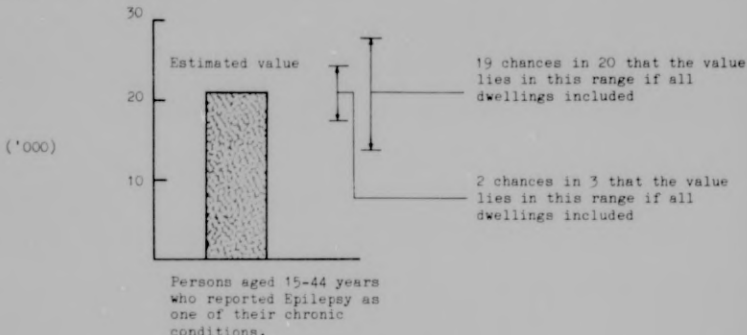
TABLE. STANDARD ERRORS OF ESTIMATES - PERSONS

| Size of estimate<br>(persons) | Australia |        |        |        |        |       |       |        | Per cent of<br>of estimate |
|-------------------------------|-----------|--------|--------|--------|--------|-------|-------|--------|----------------------------|
|                               | N.S.W.    | Vic.   | Qld    | S.A.   | W.A.   | Tas.  | N.T.  | A.C.T. |                            |
| 150                           |           |        |        |        |        |       | 70    |        |                            |
| 200                           |           |        |        |        |        |       | 80    |        |                            |
| 250                           |           |        |        |        |        |       | 90    |        |                            |
| 300                           |           |        |        |        |        |       | 100   |        |                            |
| 350                           |           |        |        |        |        |       | 110   |        |                            |
| 400                           |           |        |        |        |        |       | 120   |        |                            |
| 450                           |           |        |        |        |        |       | 130   |        |                            |
| 500                           |           |        |        |        |        |       | 140   | 240    |                            |
| 600                           |           |        |        |        |        | 300   | 150   | 260    |                            |
| 800                           |           |        |        |        |        | 350   |       | 300    |                            |
| 1,000                         |           |        |        |        |        | 380   |       | 330    |                            |
| 1,500                         |           |        |        |        |        | 470   |       | 410    |                            |
| 2,000                         |           |        |        |        |        | 540   |       | 480    |                            |
| 2,500                         |           | 1,200  | 920    | 640    | 740    | 600   | 320   | 530    | 1,200 46.9                 |
| 3,000                         |           | 1,300  | 1,100  | 860    | 950    | 650   | 350   | 590    | 1,300 42.8                 |
| 4,000                         | 1,800     | 1,500  | 1,300  | 1,100  | 1,200  | 750   | 410   | 680    | 1,500 37.2                 |
| 5,000                         | 2,000     | 1,700  | 1,400  | 1,300  | 1,300  | 840   | 460   | 760    | 1,700 33.3                 |
| 6,000                         | 2,200     | 1,900  | 1,600  | 1,400  | 1,400  | 910   | 500   | 830    | 1,800 30.4                 |
| 8,000                         | 2,500     | 2,200  | 1,800  | 1,700  | 1,700  | 1,000 | 580   | 970    | 2,100 26.4                 |
| 10,000                        | 2,800     | 2,500  | 2,100  | 1,900  | 1,900  | 1,200 | 660   | 1,100  | 2,400 23.7                 |
| 20,000                        | 3,900     | 3,600  | 2,900  | 2,800  | 2,600  | 1,600 | 940   | 1,500  | 3,400 16.8                 |
| 30,000                        | 4,700     | 4,500  | 3,600  | 3,600  | 3,200  | 2,000 | 1,200 | 1,900  | 4,100 13.8                 |
| 50,000                        | 5,900     | 6,000  | 4,600  | 4,800  | 4,100  | 2,500 | 1,500 | 2,500  | 5,400 10.7                 |
| 100,000                       | 8,200     | 8,700  | 6,500  | 7,200  | 5,700  | 3,500 |       |        | 7,600 7.6                  |
| 200,000                       | 11,300    | 12,600 | 9,200  | 10,700 | 8,000  | 4,900 |       |        | 10,800 5.4                 |
| 300,000                       | 13,600    | 15,700 | 11,300 | 13,500 | 9,700  |       |       |        | 13,300 4.4                 |
| 500,000                       | 17,300    | 20,700 | 14,500 | 18,100 | 12,400 |       |       |        | 17,200 3.4                 |
| 1,000,000                     | 23,800    | 30,100 | 20,600 |        |        |       |       |        | 24,500 2.4                 |
| 2,000,000                     | 32,900    | 43,800 |        |        |        |       |       |        | 34,800 1.7                 |
| 5,000,000                     |           |        |        |        |        |       |       |        | 55,400 1.1                 |

Brackets around standard errors indicate a relative standard error greater than or equal to 25 per cent.

### J.3 Example of the use of standard errors

An example of the use of standard errors is as follows: the estimated number of persons aged 15 - 44 years who reported Epilepsy as one of their chronic conditions was 20,900. From the table above it will be seen that the estimate has a standard error of about 3,500 and therefore there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall within the range 17,400 to 24,400 and about nineteen chances in twenty that the value will fall within the range 13,900 to 27,900. This example is illustrated in the following diagram.



### J.4 Standard errors of rates and percentages

J.4.1 The standard error of an estimated percentage or rate computed by using sample data for both numerator and denominator, depends upon both the size of the numerator and the size of the denominator. However, the relative standard error of the estimated percentage or rate will generally be lower than the relative standard error of the estimate of the numerator.

J.4.2 Approximate standard errors of rates or percentages may be derived by first obtaining the relative standard error of the number of persons corresponding to the numerator of this rate or percentage and then applying this figure to the estimated rate or percentage. An example of this calculation is as follows: the rate of chronic conditions per 1,000 females is 474.6 and the numerator of this rate is 3,257,300. By interpolation from table above the standard error of the numerator is approximately 43,400, which is a relative standard error of 1.3 per cent. The standard error of this rate of 474.6 can then be approximated by:

$$\begin{aligned}
 &\text{Rate} \times \text{Relative standard error} \\
 &= 474.6 \times \frac{1.3}{100} \\
 &= 6.2
 \end{aligned}$$

Therefore there are two chances in three that the rate that would have been obtained if all dwellings had been included in the survey is in the range 468.4 to 480.8 per 1,000 females and about nineteen chances in twenty that it is in the range 462.2 to 487.0 per 1,000 females.

### J.5 Standard errors of differences between survey estimates

J.5.1 The difference between two survey estimates is itself also an estimate and is therefore subject to sampling variability. The standard error of the difference between two survey estimates depends on the standard errors of the original estimates and on the relationship (correlation) between the two original estimates. An approximate standard error of the difference between two estimates (x-y) may be calculated by the following formula:

$$\begin{aligned} \text{Standard error (x-y)} \\ = \sqrt{\text{Standard error (x)}^2 + \text{Standard error (y)}^2} \end{aligned}$$

While this formula will only be exact for differences between separate and uncorrelated (unrelated) characteristics or sub-populations, it is expected to provide a good approximation for all differences likely to be of interest.

J.5.2 An example of the use of the above formula is as follows: the difference between the estimates of the number of males and females aged 5 - 14 years who reported a chronic condition is

$$381,100 - 293,400 = 87,700$$

The standard error of this estimate can be calculated as follows. From the table above the standard errors of each of the two original estimates can be approximated as 14,900 and 13,100 respectively. Therefore the standard error of the difference 87,000 is given by:

$$\begin{aligned} \text{Standard error (difference)} \\ = \sqrt{(14,900)^2 + (13,100)^2} \\ = 19,800 \text{ (rounded to nearest 100)} \end{aligned}$$

Thus there are about two chances in three that the difference that would have been obtained, if all dwellings had been included in the survey is within the range 67,900 to 107,500 and about nineteen chances in twenty that this difference is between 48,100 and 127,300.

### J.6 Standard errors of more complex derived statistics

Approximate standard errors of more complex derived statistics (ie other than rates, percentages and differences) may be obtained by applying appropriate adjustment factors to the relative standard errors of the estimates of the numbers of persons who contribute to those derived statistics. Full details of adjustment factors and method for obtaining approximate standard errors of the more complex derived statistics are presented in the technical notes of the publications containing the statistics concerned.

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- Survey of the Use of Health Services, South Australia, 1971 (4301.4)





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Entries in this index have been listed primarily under the major health topics covered by the survey, with direct referencing provided against most minor entries. Appendices are not generally referenced in this index since they are referred to within the text.

## Conventions:

1. Numbers: refer to paragraph numbers NOT pages.
2. Entries in capital letters: are reserved for the major health topics (eg RECENT ILLNESS, ACCIDENTS) and significant aspects of the methodology (eg SAMPLING, INTERVIEWS, RESPONSE).
3. Minor entries (those not in capital letters): have been referenced or cross-referenced to major entries where appropriate (see also cross-referencing below).
4. Cross-referencing has two forms:
  - . direct cross-references (to refer users to more appropriate entries): are shown as '- see.....' immediately after the entry to which it refers. Paragraph references are not shown in these cases.
  - . indirect cross-references (to refer users to more informative entries): are shown in brackets as follows, '(see also ....)'. Entries with indirect cross-references, however, still show a paragraph reference.

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