



TVW Telethon Institute for Child Health Research

PRINCESS MARGARET HOSPITAL FOR CHILDREN
 Perth Western Australia
 PO Box 855
 West Perth WA 6872

Assignment No.				
File No.				
CD				
Dwelling				
Household				
Family				
Information from Person				

WA Aboriginal Child Health Survey

IN CONFIDENCE

**Carer's Questionnaire
 (Caregiver 1 Questions)**

A Introductory Statement

This form asks about you as a parent/caregiver of children the age 18 years. Your health, housing and family life are all important for your children's health. What affects your health and wellbeing also affects your children. It is for this reason that we also ask about your involvement with Aboriginal culture, your language, schooling and employment.

B Confidentiality

This form is voluntary and it is OK if there are some questions you would prefer not to answer. All of the information you give will be kept private by the research team.

C Fully Responding

		<input type="checkbox"/>	1
Non-Response	Full refusal	<input type="checkbox"/>	2
	Part refusal	<input type="checkbox"/>	3
	Full non-contact	<input type="checkbox"/>	4
	Part non-contact	<input type="checkbox"/>	5
	Language problem	<input type="checkbox"/>	6
	Death/illness	<input type="checkbox"/>	7

Interviewer:
Complete information for Q1
and use information to confirm
Household Record Form

1 First or given name:

Family name:

The next questions are about you and your involvement in Aboriginal cultural activities.

2a What is the **main** language you speak?

- English
- Broken English
- Aboriginal English
- Pidgin English
- Creole
- Aboriginal Language
- Other (Please specify)

 1
 2
 3
 4
 5
 6
 7

Office use only		

2b Do you speak an Aboriginal language?

- No
- A few words
- A conversation

 1
 2
 3

2c Do any of your children speak an Aboriginal language ?

- No
- A few words
- A conversation

 1
 2
 3

2d Do any of your children understand this language?

- No
- A few words
- A conversation

 1
 2
 3

3a Over the past 12 months have you gone to any:

- Aboriginal funerals?
- Aboriginal ceremonies?
- Aboriginal festivals/carnivals involving arts and crafts, music, dance or sport?
- Been involved with any Aboriginal Organisation?
- None of these

 1
 2
 3
 4
 5

Interviewer:
If yes to any of the questions in Q3a then go to Q3c

3b You mentioned that you had not gone to any Aboriginal events in the past 12 months. Is this because you:

- Didn't have any family involved?
- Had no way of getting there (no transport)?
- Couldn't afford to go?
- Weren't interested?
- Other (Please specify)

 1
 2
 3
 4
 5

Office use only		

3c How important is Aboriginal Ceremonial Business to you?

- Important
- Not important
- Not relevant
- Don't know

 1
 2
 3
 4

I now want to ask you about going to school.

4a Did you go to school?

No [Go to Q5a(i)]

Yes

1
 2

4b What was the highest grade you finished at school?

4c Have you enrolled in any courses since leaving school?

No [Go to Q5a(i)]

Yes

1
 2

4d Have you received any qualifications since leaving school?

No [Go to Q5a(i)]

Yes

1
 2

4e What qualifications do you have?

Trade/apprenticeship

Certificate from college

Diploma (beyond Year 12)

Bachelor Degree

Post Graduate diploma/higher degree

Other (Please specify)

Office use only

1
 2
 3
 4
 5
 6

The next questions are about working

5a(i) Have you ever worked in a job where you got paid?

No (Go to Q5i)

Yes

1
 2

5a(ii) Do you have a job at the moment?

No (Go to Q5i)

Yes

1
 2

5b Last week did you work at all in a job, business or farm?

No (Go to Q5f)

Yes

1
 2

5c What kind of work did you do in your main job?

Office use only

5d For the job where you work the most hours, do you work:

For an employer for wages or salary (exclude CDEP)?

For CDEP scheme?

In your own business?

Without pay in a family business?

1
 2
 3
 4

5e In all of the jobs you had, how many hours did you work last week?

Total hours (Go to Q5g)

None

89

5f Why didn't you work last week?

On holiday

1

Sick

2

Just started this week

3

Other (please specify)

4

Office use only

6a Which words best describes your family's money situation?

We are spending more money than we get

1

We have just enough money to get us through to the next pay day

2

There's some money left over each week, but we just spend it

3

We can save a bit every now and again

4

We can save a lot

5

5g How many employers have you worked for in the past 12 months?

**Interviewer:
Include CDEP work.**

Number of Employers

Own business

88

None (Go to Q5i)

89

6b Thinking about how the family's money situation was 12 months ago, is the family better off now/this year?

No

1

Yes

2

The same

3

6c Which of these groupings would best describe your income for the past 2 weeks from all sources (eg wages, CDEP, pensions and study allowances etc)?

**Interviewer:
Please show Prompt Card.**

If annual figure is provided then record in 'Other' and state 'annual'.

a \$1-\$199

1

b \$200 - \$399

2

c \$400 - \$599

3

d \$600 - \$799

4

e \$800 - \$1999

5

f \$2000 and over

6

g None

7

h Someone else's

8

i Don't know

99

j Other (Please specify)

10

Office use only

5h How many months have you worked in the past 12 months?

Total months (Go to Q5k)

5i You mentioned that you were not working at the moment. Have you been looking for work?

No

1

Yes

2

5j How long have you been without work?

Total months

5k Do you do any unpaid voluntary work?

No

1

Yes

2

These next questions are about your health and family life. Some of these questions may seem quite personal but we need to ask them so that we can develop better health and family services for Aboriginal families.

I would now like to ask you a few questions about your health.

**Interviewer:
Please remind respondent to fill out consent form.**

7a Do you have any medical conditions which have/or will last for 6 months or more?

No (Go to Q7c)

Yes (Please specify)

 1
 2

Office use only		

7b Are you limited in any way in doing normal daily activities because of a medical or health problem?

No

Yes

 1
 2

7c Have you ever been treated for emotional problems (like 'nerves')?

No (Go to Q8)

Yes

 1
 2

7d Was this within the past 6 months, that is since(local event)?

No

Yes

 1
 2

7e Were you ever treated in a hospital for 'nerves'?

No

Yes

 1
 2

7f Have you ever been given counselling or any other treatment by your doctor or other health worker for emotional problems/nerves?

No

Yes

 1
 2

The next question is about health care cards issued by the government.

8 Do you have any health care or concession cards issued by:

**Interviewer:
Show prompt card.**

Veterans Affairs (White card or Gold card)

 1

CENTRELINK/Social Security

 2

Disability Services

 3

Health Insurance Commission (Safety Net Concession Card/Entitlement Card)

 4

None

 89

Other (Please specify)

 6

Office use only		

The next questions are about alcohol and gambling.

9a Does overuse of alcohol cause problems in this household?

No (Go to Q9c)

Yes

 1
 2

9b What sort of problems does it cause?

Money shortages (eg can't pay bills)

 1

Disruptions to household (eg people can't get to sleep)

 2

Marriage troubles (eg arguments)

 3

Family violence (eg hitting, shoving, yelling)

 4

Other (Please specify)

 5

Office use only		

9c Does betting or gambling cause problems in this household?

No (Go to Q10a)

Yes

1
 2

9d What sort of problems does it cause?

Money shortages (eg can't pay bills)

Disruptions to household (eg people can't get to sleep)

Marriage troubles (eg arguments)

Family violence (eg hitting, shoving, yelling)

Other (Please specify)

1
 2
 3
 4
 5

Office use only

The next questions are about smoking.

10a Have you ever smoked cigarettes regularly?

No (Go to Q10f)

Yes

1
 2

10b Do you still smoke cigarettes?

No (Go to Q10f)

Yes

1
 2

10c In the past 6 months, that is since, have you tried to cut down or quit smoking?

No (Go to Q10e)

Yes

1
 2

10d Were you able to cut down or quit?

No

Yes

1
 2

10e Do you smoke inside this house/ place?

No

Yes

1
 2

10f How many of the other people who live here smoke inside this house/ place?

I would now like to ask about pensions, allowances or benefits you may receive.

11a Do you receive any of these?

Interviewer:
Show prompt card.

Australian Aged Pension

Newstart Allowance

Youth Allowance

Mature Age Allowance

Service Pension (DVA)

Disability Support Pensions (DFaCS)

Wife pension

Carer payment

Sickness allowance

Widow allowance (DFaCS)

Special benefit

Partner allowance

Family Allowance

No/None of these

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 89

11b Do you receive any of these?

Interviewer:
Show prompt card.

War Widows Pension (DVA)

Disability Pension (DVA)

Ausstudy/Abstudy

Child Disability Allowance

Parenting Payment

Carer Allowance

Overseas Pension/Benefits

No/None of these

Other (Please specify)

Office use only

The next questions are about **FORCED SEPARATION** of children from their families and **FORCED RELOCATION** of people.

12a Please tell me if you don't want to answer these questions?

Not Aboriginal (Go to Q13)

Don't want to answer (Go to Q13)

86

87

12b Were you taken away from your natural family by a mission, the government or welfare?

Interviewer:
Forced separations only. Make field note on any other circumstances mentioned.

No

Yes

Don't want to answer

1

2

87

12c Were either of your parents taken away from their natural family by a mission, the government or welfare?

No

Yes, mother

Yes, father

Don't know

Don't want to answer

1

2

3

99

87

12d Were you or either of your parents forced to move from an area which was your traditional country or homeland?

No, parents

Yes, parents

No, self

Yes, self

1

2

3

4

The next questions are about your relationship with your partner.

13a Do you have a partner?

No (Go to Q15)

Yes

1

2

13b How long have you been together?

Interviewer:
For relationships which stop and start, record the most recent episode/time together.

YYMM

Interviewer:
Please use **FREQUENCY SCALE** Prompt Card

For Q14a to Q14d please enter the number associated with the response, that is

- 1** Never
- 2** Hardly ever
- 3** Once in a while
- 4** Quite often
- 5** Almost always

14a How often do you and your partner do things together for enjoyment?

14b How often do you and your partner/spouse show signs that you care for each other?

14c How often do you and your partner/spouse have arguments or quarrel?

14d How often do the arguments you have with your partner / spouse end up with people pushing, hitting or shoving?

Next we have some statements about families and how they get on together.

15 Here are some statements about families. How well do these match the way things are done in your family?

Interviewer:

Please use EQUIVALENCE SCALE Prompt Card.

For the following statements, please enter the number associated with the response, that is:

- 1 Not at all/None**
- 2 A little**
- 3 Some**
- 4 Quite a lot**
- 5 Very much**

- (i) The way we get on together helps us to cope with hard times.
- (ii) We like to remember people's birthdays and celebrate other special events.
- (iii) We find it easy to talk with each other about things that really matter.
- (iv) We are always there for each other and know that the family will survive no matter what.
- (v) When it comes to managing money we are careful and make good decisions.
- (vi) Our family has a lot in common in the interests we share and the things we do.
- (vii) People in our family are accepted for who they are.
- (viii) We have good support from our in-laws, relatives and friends.
- (ix) We have family traditions and customs we would like to pass on to our children.

The next questions are about problems with the police and the law.

16a Have you ever been arrested or charged with an offence ?

- No 1
- Yes 2

16b Has your partner/spouse ever been arrested or charged with an offence?

- No 1
- Yes 2
- No partner/spouse 3
- Don't know 99

17 Have any of these things happened in your family in the past 12 months?

Interviewer:

Please enter the number associated with the response, that is:

- 1 No**
- 2 Yes**

- a** A close family member had a serious medical problem (illness or accident) and was in hospital.
- b** A close family member was badly hurt or sick.
- c** A close family member was arrested or in gaol/prison.
- d** Your child/children were involved in or upset by family arguments.
- e** A parent/caregiver lost his/her job or became unemployed.
- f** A close family member had an alcohol or drug problem.
- g** Your family didn't have enough money to buy food, for bus fares or to pay bills.
- h** A close family member has a physical handicap.

Question 17 continued

- i** An important family member passed away.
- j** Parents or carer left because of family split-up.
- k** You have felt too crowded where you lived.
- l** Your child/children had to take care of others in the family.
- m** Your child/children have been in a foster home.
- n** Your child/children were badly scared by other peoples behaviour.
- o** Other (Please specify)

The next questions are about the places you live (this house and any others you live in).

20a Do you have another place that you live in for parts of the year?

No (Go to Q20c)

Yes

1
 2

20b Where is the 'other' place?

Office use only

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Now I want to ask about this house/ place where we are at the moment.

18 Do you have anyone you can yarn to about your problems?

No

Yes

1
 2

Interviewer:

'Here' means at this selected address.

19a How important is religion/spiritual beliefs in your life?

20c How many months of the year do you live here?

--	--

Interviewer:

Please use EQUIVALENCE SCALE Prompt Card.

For the following statements, please enter the number associated with the response, that is:

- 1** Not at all/None
- 2** A little
- 3** Some
- 4** Quite a lot
- 5** Very much

20d How many people usually sleep here?

--	--

20e How many bedrooms are there in this place?

--	--

19b How often do you participate in religious services with other people (e.g. going to church)?

Daily

Weekly

Monthly

Once or twice a year

Never

1
 2
 3
 4
 5

20f Is your dwelling?

Owned by you or any usual member of this household (Go to Q21)

1

Being paid off by you or any usual member of this household (Go to Q21)

2

Rented by you or any usual member of this household

3

None of these (Go to Q21)

89

Don't know

99

20g Did you/they have any difficulty with being able to rent this place?

No

1

Yes (Please specify)

2

Office use only

20h Who are you renting this place from?

Don't know

99

Please specify

2

Office use only

20i In the past 12 months, have you been forced to move out of a place you were living in for any reason?

No (Go to Q21)

1

Yes

2

20j Why was that?

Owners required dwelling

1

Evicted

2

Rent too expensive

3

Other (Please specify)

4

Office use only

20k Where were you living then?

Location/postcode/suburb/town

Office use only

20l Who did this place belong to?

A private rental

1

The Ministry of Housing (Homeswest)

2

Aboriginal Housing Authority

3

Family's place

4

Community Housing

5

21 Did you have any/much of a choice when you first moved into this place?

No

1

Yes

2

22 Have any of the members of this household been the victim of theft, assault, property damage or any other crime in the last 3 years?

No (Go to Q24)

1

Yes

2

23 Did this crime happen in this neighbourhood/community?

No

1

Yes

2

24 Have you been bothered by any of these things happening in your neighbourhood/community?

Interviewer:

Please enter the number associated with the response, that is:

- 1 No
- 2 Yes

- a Vandalism, graffiti
- b Break-ins
- c Car stealing
- d Unemployment
- e Family violence
- f Violence in the streets
- g Families not having enough money
- h Drug abuse
- i Families splitting up
- j Youth gangs
- k Child abuse
- l Kids not going to school
- m Alcohol abuse
- n Isolation from family and friends
- o Noisy and/or reckless driving
- p People leaving the area
- q Racism
- r Other (please specify)

Office use only

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Interviewer:

Remember to explain that not everyone lives in the same sort of housing.

The next questions are about the facilities in the house, if they are being used and if they work.

25a Does this house have running water?

No (Go to Q26a)

Yes

 1
 2

25b Is it in the house?

No

Yes

 1
 2

25c Is it being used?

No

Yes

 1
 2

25d Is it working OK?

No

Yes

Don't know

 1
 2
 99

25e Is this scheme/town water?

No

Yes

Don't know

 1
 2
 99

26a Does this house have a bath or shower which allows both adults and children to wash?

No (Go to Q27a)

Yes

 1
 2

26b Is it in the house?

No

Yes

 1
 2

26c Is it being used?

No

Yes

 1
 2

26d Is it working OK?
No
Yes

1
 2

26e Is there hot water available for the bath and shower if you want to use it?
No
Yes

1
 2

27a Does this house have a laundry area?
No (Go to Q27d)
Yes

1
 2

27b Is it in the house?
No
Yes

1
 2

27c Is it being used?
No
Yes

1
 2

27d Is there a laundry area nearby which you could use if you needed to?
No
Yes

1
 2

28a Does this house have a toilet which works?
No (Go to Q29a)
Yes

1
 2

28b Is it in the house?
No
Yes

1
 2

28c Is it being used?
No
Yes

1
 2

28d Is there another toilet which you can use if something goes wrong with yours?
No
Yes

1
 2

29a Does this house have an organised household rubbish removal?
No (Go to Q30a)
Yes

1
 2

29b Do you use it?
No
Yes

1
 2

29c Is the rubbish removal done often enough?
No
Yes

1
 2

30a Does this house have flyscreens on the doors and windows to keep insects and pests out?
No (Go to Q31a)
Yes

1
 2

30b Are they in good condition?
No
Yes

1
 2

31a Does this house have heating to keep it warm when the weather is cold?
No (Go to Q32a)
Yes

1
 2

31b Is it in the house?
No
Yes

1
 2

31c Is it being used?
No
Yes

1
 2

31d Is it working OK?
No
Yes

1
 2

32a Does this house have shade or insulation to keep the house cool?

No (Go to Q33)

Yes

1
 2

32b Does it work?

No

Yes

1
 2

33 Does this house have?

Interviewer:

Please enter the number associated with the response, that is:

- 1 No
- 2 Yes

(i) Plants to keep the dust down

(ii) Trees for shade

34 Does this house have?

Interviewer:

Please enter the number associated with the response, that is:

- 1 No
- 2 Yes

(i) Somewhere to cook a meal

(ii) Somewhere to get a meal ready

(iii) Somewhere cold to store food

(iv) Some cupboards to store food and cooking gear in

(v) Somewhere to wash up dishes and cooking gear

The next section gives you the chance to say what is needed to make your housing better (eg services, repairs or maintenance).

35 What needs attention and how bad is it?

Interviewer:

Please use PROBLEM SERIOUSNESS SCALE.

i) Item 1

A bit annoying

Pretty bad

Quite serious

A really serious problem

1
 2
 3
 4

ii) Item 2

A bit annoying

Pretty bad

Quite serious

A really serious problem

1
 2
 3
 4

iii) Item 3

A bit annoying

Pretty bad

Quite serious

A really serious problem

1
 2
 3
 4

iv) Item 4

A bit annoying

Pretty bad

Quite serious

A really serious problem

1
 2
 3
 4

36 Do you have any comments about your housing (eg suitability for your family, the area you live in, maintenance)?

Office use only		

Interviewer:
Remote Community
Yes (Go to Q45), No (Go to Q37)

37 How happy are you with your access to the following services/ facilities:

Interviewer:
Please use SATISFACTION SCALE Prompt Card.

- 1 Very unhappy**
- 2 A little bit unhappy**
- 3 Neither unhappy nor happy**
- 4 A little bit happy**
- 5 Very happy**

- | | | |
|-----|---|--------------------------|
| 1. | Public transport systems | <input type="checkbox"/> |
| 2. | School bus service | <input type="checkbox"/> |
| 3. | Street lighting | <input type="checkbox"/> |
| 4. | Banking facilities | <input type="checkbox"/> |
| 5. | A movie theatre | <input type="checkbox"/> |
| 6. | A hall for live theatre or performances | <input type="checkbox"/> |
| 7. | Shops or shopping centre | <input type="checkbox"/> |
| 8. | A public telephone | <input type="checkbox"/> |
| 9. | Schools | <input type="checkbox"/> |
| 10. | Taxis | <input type="checkbox"/> |
| 11. | Church | <input type="checkbox"/> |
| 12. | A general practitioner | <input type="checkbox"/> |

Question 37 continued

- | | | |
|-----|--|--------------------------|
| 13. | A community centre | <input type="checkbox"/> |
| 14. | A community or child health clinic | <input type="checkbox"/> |
| 15. | Family and Children's Services(Welfare) | <input type="checkbox"/> |
| 16. | Activities for children outside school | <input type="checkbox"/> |
| 17. | After school care/vacation care | <input type="checkbox"/> |
| 18. | Child care facilities | <input type="checkbox"/> |
| 19. | A police station | <input type="checkbox"/> |
| 20. | Ambulance | <input type="checkbox"/> |
| 21. | The Flying Doctor | <input type="checkbox"/> |
| 22. | A public library | <input type="checkbox"/> |
| 23. | Place where teenagers can get together | <input type="checkbox"/> |
| 24. | A swimming complex (indoor or outdoor) | <input type="checkbox"/> |
| 25. | An indoor sports centre for games | <input type="checkbox"/> |
| 26. | A playing field where your children can play | <input type="checkbox"/> |
| 27. | Outdoor playing fields for organised sport | <input type="checkbox"/> |
| 28. | Aboriginal Medical Service | <input type="checkbox"/> |
| 29. | Work | <input type="checkbox"/> |

38 Are there any other comments you want to make about your services/ facilities?

Office use only		

The next questions are about transport, distances to travel and ease of travel.

Some of the things on the list may not be a problem for people who live in big towns or cities but they may be a problem in smaller towns and communities.

39

Interviewer:

Please enter the number associated with the response, that is:

- 1 No**
- 2 Yes**
- 3 Not applicable**

- a** Is there a vehicle at this house which you can use to get around?
- b** Do you have use of a vehicle if you need to go shopping?
- c** Are the roads in your area in good condition?
- d** Are the roads between the shops and your house in good condition?
- e** Do you ever become isolated because the roads are unusable (flooded, too rough)?
- f** Is there an airstrip nearby?
- g** Is it in good condition?
- h** Is the airstrip long enough for the Flying Doctor to land their plane?
- i** Is the airstrip in good condition for landing planes?

40 About how far is it to the shops where you buy food? Km

41 About how far away is the local doctor or AMS? Km

42 About how far away is the local hospital? Km

43 How long does it take to get to the hospital in an emergency? Hours

Minutes

Interviewer:

Thank you, no more questions except for those in Remote Communities.

Reminder: Please fill out adult consent form.

For Remote Communities, please turn the page.

45 How happy are you with your access to the following services/facilities:

Interviewer:
Ask of Remote Communities only.

Please use SATISFACTION SCALE:

- 1 Very unhappy**
- 2 A little bit unhappy**
- 3 Neither unhappy nor happy**
- 4 A little bit happy**
- 5 Very happy**

- 2. School bus service
- 3. Street lighting
- 4. Banking facilities
- 5. A movie theatre/outdoor pictures
- 6. A hall for live theatre or performances
- 7. Shops or shopping centre
- 8. A public telephone
- 9. Schools
- 10. Taxis
- 11. Church
- 14. A community or child health clinic
- 15. Family and Children's Services (Welfare)
- 16. Activities for children outside school
- 19. A police service/regular patrols
- 21. The Flying Doctor
- 24. A swimming complex (indoor or outdoor)
- 25. Sporting facilities
- 26. A playing field where your children can play
- 27. Outdoor playing fields for organised sport

Question 45 continued

- 28. Aboriginal Medical Services
- 29. Opportunities for work
- 30. Post box or postal service
- 31. Roads to the Community
- 32. Roads within the Community
- 33. Access to airstrips

46 Are there any other comments you want to make about your services/facilities?

Office use only		

The next questions are about transport, distances to travel and ease of travel.

Some of the things on the list may not be a problem for people who live in big towns or cities but they may be a problem in smaller towns and communities.

47

Interviewer:

Please enter the number associated with the response, that is:

- 1 No**
- 2 Yes**
- 3 Not applicable**

- a** Is there a vehicle at this house which you can use to get around?
- b** Do you have use of a vehicle if you need to go shopping?
- c** Are the roads in your area in good condition?
- d** Are the roads between the shops and your house in good condition?
- e** Do you ever become isolated because the roads are unusable (flooded, too rough)?
- f** Is there an airstrip nearby?
- g** Is it in good condition?
- h** Is the airstrip long enough for the Flying Doctor to land their plane?
- i** Is the airstrip in good condition for landing planes?

48 About how far is it to the shops where you buy food? Km

49 About how far away is the local doctor or AMS? Km

50 About how far away is the local hospital? Km

51 How long does it take to get to the hospital in an emergency? Hours

Minutes

Thank you, no more questions on this form:

Reminder: Please fill out adult consent form.