



Australian Government

Department of Health and Ageing



THE UNIVERSITY OF
MELBOURNE



The Australian Longitudinal
Study on Male Health

Parent Survey Part B ABOUT YOUR HOUSEHOLD

How to complete this survey

Use only black pen. Do <u>not</u> mark any areas <u>outside the box</u> . Most questions are answered by marking a cross in one or more boxes, like this:	<p>Right Wrong</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
If you need to change an answer, completely fill in the wrong box and put a cross in the box that you do want to answer, like this:	<p>Wrong box Right box</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
Some questions are answered by writing a number inside one or more boxes, like this:	<p><input type="text" value="2"/><input type="text" value="4"/></p> <p><input type="text" value=""/><input type="text" value="8"/></p>
Where there is more than one box, and your answer is just a single digit, you do not need to insert zeros in front of your answer:	
If a box you have marked has a 'Go to' instruction alongside it: ...please go straight to the question indicated. In all other cases, just go to the next question.	<p>Yes <input type="checkbox"/> → Continue No <input type="checkbox"/> → Go to Q10</p>
Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this: Please do not write or make marks elsewhere on this form, except where indicated.	<p><input type="text" value="Last year I went to Bali"/></p>

About the survey

The survey covers a range of subjects that are related to health and wellbeing. Some of these are sensitive or very personal. You do not have to answer any question you do not want to. Your answers will help improve the health of men and boys across Australia.

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law.

If you are concerned about your physical or emotional health and would like some help, you may like to contact:

- your nearest Community Health Centre;
- your General Practitioner for advice about who would be the best person in your community for you to talk to;
- Lifeline 131 114 (local call). Available 24 hours.

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YOUR FAMILY ENVIRONMENT

B1. How many people usually live in your home?
Count all children and adults, including yourself.

asf1hmpplp

Number of people:

B2. How many bedrooms are there in your home?

ashhmbednp

Number of bedrooms:

(Write 0 if none; e.g. studio apartment, caravan, etc.)

B3. Is this home:

ashhmown1p

- Owned outright
- Owned with a mortgage
- Being purchased under a rent/buy scheme
- Being rented
- Being occupied rent-free
- Other

B4. How much does your household pay for this home?

ashhmpay4pd

Include things like:

- rent and mortgage repayments
- site fees if the home is a caravan in a caravan park.

Exclude things like:

- water rates, council rates, repairs, maintenance and other fees.

Amount: \$.00

Per week

Per fortnight

Per month

Not applicable - Nil payments

Reminder:

Are you filling in the boxes correctly?

<p>RIGHT</p> <p><input checked="" type="checkbox"/></p>	<p>WRONG</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>
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Are you shading the boxes fully for any mistakes?

Wrong box

Right box

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B5. Which of these categories contains the combined income in your household, before tax and other deductions are taken out, during the last financial year; that is July 2012 to June 2013.

aseinccomp

Please include all income sources (including wages, investments and government pensions and benefits). If you live in a shared or group house please just mark your own income.

Weekly	OR	Per Year	
\$3,840 or more		\$200,000 or more	<input type="checkbox"/>
\$2,880 - \$3,839		\$150,000 - \$199,999	<input type="checkbox"/>
\$2,400 - \$2,879		\$125,000 - \$149,999	<input type="checkbox"/>
\$1,920 - \$2,399		\$100,000 - \$124,999	<input type="checkbox"/>
\$1,530 - \$1,919		\$80,000 - \$99,999	<input type="checkbox"/>
\$1,150 - \$1,529		\$60,000 - \$79,999	<input type="checkbox"/>
\$960 - \$1,149		\$50,000 - \$59,999	<input type="checkbox"/>
\$770 - \$959		\$40,000 - \$49,999	<input type="checkbox"/>
\$580 - \$769		\$30,000 - \$39,999	<input type="checkbox"/>
\$380 - \$579		\$20,000 - \$29,999	<input type="checkbox"/>
\$190 - \$379		\$10,000 - \$19,999	<input type="checkbox"/>
\$1 - 189		\$1 - \$9,999	<input type="checkbox"/>
		Nil income	<input type="checkbox"/>
		Negative income	<input type="checkbox"/>
		Don't know	<input type="checkbox"/>

B6. Over the past 12 months did any of the following happen to you because of a shortage of money?

(Mark one answer in each row)

	Yes	No
Could not fill or collect a prescription medicine	<input type="checkbox"/>	<input type="checkbox"/>
Could not get a medical test, treatment, or follow-up that was recommended by a doctor	<input type="checkbox"/>	<input type="checkbox"/>
Limited how much fruit or vegetables you ate	<input type="checkbox"/>	<input type="checkbox"/>
Could not pay electricity, gas or telephone bills on time	<input type="checkbox"/>	<input type="checkbox"/>
Could not pay the mortgage or rent on time	<input type="checkbox"/>	<input type="checkbox"/>
Asked for financial help from friends or family	<input type="checkbox"/>	<input type="checkbox"/>





B7. In the past 12 months, have you experienced any of the following events?
(Mark one answer in each row)

- aslnhm412p Yes No
 Our family moved to a new home
 aslfinj12p
 Somebody in our family had a serious illness or died
 aslpdiv12p
 I got separated or divorced
 aslaccf12p
 Somebody in our family had a serious accident
 aslpami12p
 My partner moved in with us
 aslfinc12p
 I/the family had problems with money

YOUR BACKGROUND

B8. What is your gender? asegenparp
 Male
 Female

B9. What is your present marital status?
(Mark one answer only) asfmarstap
 Never married
 Widowed
 Divorced
 Separated but not divorced
 Married/de facto

B10. How many children (including adult children) do you have? include biological, adopted and stepchildren. asfchnumbp

Number of children:
(Write 0 if none)

B11. In which country were you born? asecobparp
 Australia
 England
 New Zealand
 Italy
 Vietnam
 India
 Scotland
 Other (please specify):

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B12. What language do you mainly speak at home? aselanghop
(Mark one answer only)

- English
 Italian
 Greek
 Cantonese
 Arabic
 Mandarin
 Vietnamese
 Other (please specify):
 4

B13. How well do you speak English? aseenghowp
 Very well
 Well
 Not well
 Not at all

B14. What is the highest year of secondary school you have completed? aseeducolp
 Do not count a year started but not actually completed.

- Did not go to secondary school
 Year 7 or equivalent
 Year 8 or equivalent
 Year 9 or equivalent
 Year 10 or equivalent
 Year 11 or equivalent
 Year 12 or equivalent

B15. After leaving school, what is the highest qualification you have completed?
(Mark one answer only) aseeducu4p

- Have not attempted any additional qualifications
 Begun, but have not completed any additional qualification yet
 Trade certificate
 Non-trade certificate
 Associate Diploma
 Undergraduate Diploma
 Bachelor Degree
 Master's Degree, Postgraduate Degree or Postgraduate Diploma
 Doctorate
 Other (please specify):

5 aseeducu5p

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Reminder:

Are you using a **black ballpoint pen**?

B16. Are you currently: aseemplstp

Employed/working for profit or pay → Continue

Unemployed and looking for work

Neither working nor looking for work → Go to question B22

B17. Do you currently have more than one paid job? aseempmt1p

Yes
No

B18. What is your current occupation (in your main job)? aseempoc2pd

Job title (including award/Government classification if possible, e.g. secondary school teacher, metal engineering process worker, commercial property cleaner, registered nurse, etc.):

Main duties/tasks:

B19. Last week, how many hours did you work in your main job? aseemptmjp

Write the number of hours here: hours last week

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B20. What is your form of employment in your main job? aseemptmjp
(Mark the one answer that fits best)

Permanent or ongoing

Casual or temporary

Fixed-term contract (i.e. employed for specific period of time)

Self-employed, not employing others

Self-employed and also employing others

B21. Do you get paid sick and annual leave in your main job? aseempmjlp

Yes
No

EVERYONE PLEASE ANSWER

B22. How often do you attend religious services (such as going to church, temple, mosque or other religious institutions or activities)? asirelserp

Never

About once or twice a year

About once every few months

About once or twice a month

About once a week or more often

B23. How important is religion or spirituality in your life? asirelimpp

Extremely important

Very important

Somewhat important

Not very important

Not important at all

Thank you for completing this survey.

