

Appendix A. The 2006 Interviewer Household Form



Interviewer Household Form

CD Number							Check Letter	Record Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form of

WHAT YOU NEED TO DO

- Use this form to record details of **all persons** (including visitors) who are staying at this dwelling.
- You can record the details of **twelve** persons on this form. If more than twelve persons are staying at this dwelling, continue on another form.
- Ask **all** questions for **every** person, unless the form asks you not to.
- If a person **does not know** an answer, ask them to give the best answer they can.
- For persons who live at this dwelling most of the time but are **away**, record their details in the table on page 3 (see Questions 10 and 11).

Why a Census?

The Census is the only practical way to get information on how many people there are in each part of Australia, what they do and how they live.

Collection authority

The information asked for is collected under the authority of the *Census and Statistics Act 1905*. Co-operation is sought in completing this form.

Confidentiality

Under the *Census and Statistics Act 1905*, the ABS must not release any information provided in a way which would enable an individual's or household's data to be identified.

The one exception is if anyone agrees at Question 55 to his/her information being provided to the National Archives of Australia for release in 99 years time.

HOW TO ANSWER

- Please use a **black or blue pen**.
- Mark boxes like this:
- Start numbers in the first box.

3	2	1					
---	---	---	--	--	--	--	--
- Write in **CAPITAL** letters and keep each letter within one box.

A	R	T	I	S	T				
---	---	---	---	---	---	--	--	--	--
- Use every box to turn and only miss a box to leave a space between words.

M	O	T	O	R		M	E	C	
H	A	N	I	C					
- If you make a mistake in a mark box, draw a line through the box like this, or
- draw a line through the box and re-write the letters like this:

P	A	I	N	T	N	I	N		
G									

Address of dwelling:

Please use **CAPITAL** letters only.

House number, if any	Street name, if any
<input type="text"/>	<input type="text"/>
Community name	
<input type="text"/>	
Suburb, rural locality or town	
<input type="text"/>	
State/Territory	Postcode
<input type="text"/>	<input type="text"/>



These questions ask about this dwelling.

2 Is this dwelling occupied? (Interviewer to answer)

• Mark the appropriate box.

- Yes
 No ► Answer Question 3 only

3 Is this dwelling a house? (Interviewer to answer)

• Mark the appropriate box.

If the dwelling is *unoccupied*, do not answer any more questions.

- Yes
 No - caravan, tin shed or cabin
 No - humpy, tent or sleepout ► Go to 8

4 How many bedrooms are there in this dwelling?

• If the dwelling has no bedrooms, mark the 'None' box like this:

- Number of bedrooms
 None

5 What is the total amount being paid for this dwelling each fortnight?

• A fortnight means two weeks.
 • Include rent and mortgage repayments.
 • Exclude electricity, repairs, council rates etc.
 • If no payments, please mark the 'Nil payments' box.

- \$ per fortnight
 Nil payments

6 Is this dwelling being rented?

• Mark the appropriate box.

- Yes, rented
 No, being bought ► Go to 8
 No, owned ► Go to 8
 No, being occupied rent-free
 No, other ► Go to 8

7 Who is this dwelling rented from?

- Community or co-operative housing group
 Government Housing Authority
 Employer - Government
 Employer - Private
 Other person not in this dwelling

8 How many registered motor vehicles were parked at this dwelling last night?

• Include vans and work vehicles kept at home.
 • Exclude motorbikes and motor scooters.

- Number of motor vehicles
 None

9 Can the Internet be accessed at this dwelling?

• Include any Internet service regardless of whether or not paid for by the household.
 • If more than one type of connection in dwelling, mark the higher type.

- No Internet connection
 Yes, broadband connection (including ADSL, Cable, Wireless and Satellite connections)
 Yes, dial-up connection (including analog modem and ISDN connections)
 Other (include Internet access through mobile phones, etc)



These questions ask about people who live here most of the time but who are away.

10 Are there any persons who live here most of the time but are away?

- No, no-one away ► Go to Question 12 (on page 4)
 Yes, someone away ► Go to Question 11 below

11 For each person who is away, fill in the table below:

- For persons who are *unlikely to be counted elsewhere* (e.g. away hunting or fishing, away on sorry business, etc) record details at Question 12 on the next page and answer remaining questions on the form as though they are here.

Person away	Name	Sex	Date of Birth OR Age	Where are they? • If another community, write that community name. • If in a town or city, write street number, street name and suburb if known.	Why are they away?
A	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
B	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
C	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
D	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
E	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
F	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
G	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		
H	First or given name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>	Community name/Suburb, locality or town <input type="text"/>	Reason for being away <input type="text"/>
	Surname or family name <input type="text"/>		OR Age <input type="text"/> Years		



Person Number	These questions ask about people who are living or staying here now.			
	12 For the persons present in this dwelling, complete the following questions: <ul style="list-style-type: none"> Record the head of house as Person 1 and, if present, their spouse or partner as Person 2. Record details for all adults, children, babies and visitors. Record details for persons who are away but who are unlikely to be counted elsewhere (e.g. away hunting or fishing, away on sorry business, etc.) 			
	Name	Is the person a visitor?	Sex	Date of Birth OR Age
Person 1	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 2	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 3	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 4	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 5	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 6	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 7	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 8	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 9	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 10	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 11	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years
Person 12	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Male <input type="checkbox"/> Female	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> OR Age <input type="text"/> <input type="text"/> Years

If there are more than 12 persons in this dwelling, continue on to a second form.



Person No.	13 How is the person related to Person 1/Person 2? • Some examples of other relationships are: BROTHER, SISTER, UNCLE, AUNT, SON-IN-LAW, DAUGHTER-IN-LAW, FRIEND, UNRELATED.	14 Is the person married? • 'Married' refers to registered marriage. • If the person is in a traditional Aboriginal or Torres Strait Islander marriage, mark the 'Married' box.
1	No answer to this question required for Person 1	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
2	<input type="checkbox"/> Husband or wife of Person 1 <input type="checkbox"/> Child of Person 1 <input type="checkbox"/> De facto partner of Person 1 <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
3	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
4	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
5	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
6	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
7	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
8	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
9	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
10	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
11	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced
12	<input type="checkbox"/> Child of both Person 1 and Person 2 <input type="checkbox"/> Child of Person 2 only <input type="checkbox"/> Child of Person 1 only <input type="checkbox"/> Grandchild of Person 1 Other relationship to Person 1 - please specify <input type="text"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced



16 Where did the person live most of the time one year ago?

- If the person is a **baby** less than one year old, leave the question blank.
- If another community, write that community name in the 'Elsewhere - please specify' boxes.
- If another town or city, write street number and street name (if known), suburb, rural locality or town in the 'Elsewhere - please specify' boxes.
- If another country, write name of that country in the 'Elsewhere - please specify' boxes.

Person No.

1	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
2	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
3	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
4	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
5	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
6	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
7	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
8	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
9	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
10	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
11	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory
12	<input type="checkbox"/> This community	<input type="checkbox"/> Elsewhere - please specify		State/Territory



17 Where did the person live most of the time five years ago?

- If the person is a **child** less than five years old, leave the question blank.
- If another community, write that community name in the 'Elsewhere - please specify' boxes.
- If another town or city, write street number and street name (if known), suburb, rural locality or town in the 'Elsewhere - please specify' boxes.
- If another country, write name of that country in the 'Elsewhere - please specify' boxes.

 Person
No.

1

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

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2

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- This community
-
-
- Elsewhere - please specify

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State/Territory

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3

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

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4

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- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

5

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

6

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

7

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

8

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

9

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

10

-
- This community
-
-
- Elsewhere - please specify

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State/Territory

--	--	--

11

-
- This community
-
-
- Elsewhere - please specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Territory

--	--	--

12

-
- This community
-
-
- Elsewhere - please specify

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Territory

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Person No.	18 Is the person of Aboriginal or Torres Strait Islander origin? • If the person is of both Aboriginal and Torres Strait Islander origin, mark the 'Yes, both Aboriginal and Torres Strait Islander' box.	19 Was the person's father born in Australia?	20 Was the person's mother born in Australia?
1	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
2	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
3	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
4	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
5	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
6	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
7	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
8	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
9	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
10	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
11	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country
12	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country	<input type="checkbox"/> Yes, Australia <input type="checkbox"/> No, other country



Person No.	21 Does the person speak an Aboriginal or Torres Strait Islander language at home? <ul style="list-style-type: none"> • If Aboriginal or Torres Strait Islander language, please write the name of the language. • If more than one language, indicate the language that is spoken most. 	22 How well does the person speak English?
1	Yes - write name of language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
2	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
3	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
4	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
5	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
6	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
7	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
8	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
9	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
10	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
11	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all
12	<input type="checkbox"/> Yes, same as Person 1 Yes, other - please specify language <input style="width: 400px; height: 20px;" type="text"/> <input type="checkbox"/> No, speaks only English	<input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all



Person No.	23 What is the person's ancestry? <ul style="list-style-type: none"> Record up to two ancestries. Some examples of 'Other-please specify' are: SCOTTISH, MALAY, NEW GUINEAN, ENGLISH, MAORI, CHINESE, SAMOAN, IRISH, AUSTRALIAN SOUTH SEA ISLANDER. 	24 What is the person's religion? <ul style="list-style-type: none"> Answering this question is OPTIONAL. Some examples are: TRADITIONAL BELIEFS, ANGLICAN (CHURCH OF ENGLAND), CATHOLIC, UNITING CHURCH, LUTHERAN, BAPTIST, ABORIGINAL EVANGELICAL MISSIONS. If no religion, mark the 'No religion' box. 	25 For each female, how many babies has she ever given birth to? <ul style="list-style-type: none"> Include live births only. Exclude adopted, foster and step children.
1	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	Write religion here <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
2	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
3	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
4	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
5	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
6	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
7	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
8	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
9	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
10	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
11	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None
12	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other - please specify <input type="text"/>	<input type="checkbox"/> Same as Person 1 Other - please specify <input type="text"/> <input type="checkbox"/> No religion	<input type="text"/> Number of babies <input type="checkbox"/> None



Person No.	26 Does the person ever need someone to help them do everyday things such as eating, washing themselves, dressing or using the toilet?	27 Does the person ever need someone to help them move around? For example, getting out of bed, walking, climbing stairs, getting out of a chair.	28 Does the person ever need someone to help with understanding other people or being understood by other people?	29 Why does the person need help in the areas shown in questions 26, 27 and 28? • Mark all reasons for needing help or assistance.
1	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
2	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
3	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
4	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
5	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
6	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
7	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
8	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
9	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
10	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
11	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause
12	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> No need for help <input type="checkbox"/> Short-term health condition (lasting less than 6 months) <input type="checkbox"/> Long-term health condition (lasting 6 months or more) <input type="checkbox"/> Disability (lasting 6 months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other cause



Person No.	30 Is the person's mother staying in the dwelling? <ul style="list-style-type: none"> • Include birth, adoptive, step or foster mother. • The Person number is listed at Question 12 on page 4. 	31 Is the person's father staying in the dwelling? <ul style="list-style-type: none"> • Include birth, adoptive, step or foster father. • The Person number is listed at Question 12 on page 4. 	32 Is the person attending a school or any other educational institution? <ul style="list-style-type: none"> • Include school of the air, external or correspondence students. • Include pre-school students. • Include students of other education or training providers.
1	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
2	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
3	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
4	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
5	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
6	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
7	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
8	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
9	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
10	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
11	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
12	Yes - please specify mother's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	Yes - please specify father's Person number (see Question 12 on page 4) <input type="text"/> <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student



33 What type of educational institution is the person attending?

- Mark one box only.
- Include school of the air, external or correspondence students.
- Include secondary colleges and senior high schools under the 'Secondary school' category.

Person
No.

Person No.	None	Infants/Primary school	Secondary school	Tertiary Institution	Other education or training provider
1	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
2	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
3	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
4	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
5	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
6	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
7	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
8	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
9	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
10	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
11	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider
12	<input type="checkbox"/> None <input type="checkbox"/> Pre-school	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<input type="checkbox"/> TAFE Institution/College <input type="checkbox"/> University or other higher educational institution	<input type="checkbox"/> Other education or training provider



Person No.	34 What is the highest year of primary or secondary school the person has completed? <ul style="list-style-type: none"> • Mark one box only. • For persons who have gone back to school, mark the highest year they have completed. • For persons who did schooling in the mission days, mark the 'Year 8 or below' box. 	35 Has the person completed a trade certificate/apprenticeship, TAFE course, university course or other course? <ul style="list-style-type: none"> • Mark one box only.
1	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
2	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
3	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
4	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
5	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
6	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
7	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
8	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
9	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
10	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
11	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
12	<input type="checkbox"/> Person aged under 15 years <input type="checkbox"/> Did not go to school <input type="checkbox"/> Went to primary school <input type="checkbox"/> Finished primary school <input type="checkbox"/> Year 8 or below <input type="checkbox"/> Year 9 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	<input type="checkbox"/> No <input type="checkbox"/> No, still studying for first qualification <input type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification



Person No.	36 What is the level of the <i>highest</i> qualification that the person has <i>completed</i>? • For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE I, CERTIFICATE II, ADVANCED DIPLOMA.	37 What is the main field of study for the <i>highest</i> qualification that the person has <i>completed</i>? • For example: PLUMBING, HISTORY, ABORIGINAL HEALTH, PARK MANAGEMENT.
1	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
2	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
3	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
4	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
5	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
6	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
7	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
8	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
9	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
10	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
11	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification
12	Level of qualification <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification



Person No.	38 What was the name of the educational institution where the person completed their highest qualification? • Include institutions where the person has completed external or correspondence studies. • Include other training providers.	39 Did the person complete this qualification before 1998?
1	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
2	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
3	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
4	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
5	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
6	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
7	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
8	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
9	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
10	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
11	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification
12	Name of educational institution <input type="text"/> <input type="checkbox"/> No qualification, or still studying for first qualification	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification, or still studying for first qualification



Person No.	40 How much money does the person get each fortnight before tax or anything else is taken out? <ul style="list-style-type: none"> • Mark one box only. • A fortnight means two weeks. • Include wages, Centrelink, government payments, CDEP money, pensions, art sales, and any other money, before tax or anything else is taken out. • Do not take out automatic deductions such as rent and housing costs. 	41 Last week did the person have a paid job of any kind? <ul style="list-style-type: none"> • Answer for the main job only. The main job is the job in which the person works the most hours. • A job means any type of paid work including casual or temporary work or part-time work if it was for one hour or more. • If the person was off work because of holidays, sick leave, ceremony or cultural activities, then mark the appropriate "Yes" box for their main job.
1	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
2	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
3	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
4	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
5	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
6	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
7	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
8	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
9	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
10	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
11	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business
12	<input type="checkbox"/> Nil income <input type="checkbox"/> \$500-\$799 <input type="checkbox"/> \$1,600-\$1,999 <input type="checkbox"/> \$3,200-\$3,999 <input type="checkbox"/> \$1-\$299 <input type="checkbox"/> \$800-\$1,199 <input type="checkbox"/> \$2,000-\$2,599 <input type="checkbox"/> \$4,000 or more <input type="checkbox"/> \$300-\$499 <input type="checkbox"/> \$1,200-\$1,599 <input type="checkbox"/> \$2,600-\$3,199	<input type="checkbox"/> Yes, CDEP job <input type="checkbox"/> No, did not have a job <input type="checkbox"/> Yes, job not CDEP <input type="checkbox"/> Yes, worked in own business



42 In the main job held *last week*, what was the person's occupation?

• For example: CLEANER, COUNCIL LABOURER, STATION HAND, REGISTERED NURSE, SHOP ASSISTANT, MOTOR MECHANIC, ARTIST.

43 What are the main tasks that the person usually performs in that occupation?

• For example: CLEANS SCHOOL, COLLECTS RUBBISH, MUSTERS CATTLE, LOOKS AFTER OLD PEOPLE, SELLS FOOD AND SUPPLIES, FIXES CARS AND TRUCKS, DOES PAINTINGS TO SELL.

Person No.

1	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
2	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
3	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
4	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
5	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
6	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
7	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
8	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
9	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
10	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
11	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job
12	Occupation <input type="text"/> <input type="checkbox"/> Did not have a job	Tasks or duties <input type="text"/> <input type="checkbox"/> Did not have a job



Person No.	44 For the main job held last week, who did the person work for? <ul style="list-style-type: none"> • If it is the community council, write the community's name. • For self-employed persons, write the name of the business. 	45 For the main job held last week, where was the person's workplace? <ul style="list-style-type: none"> • If it is not this community, write the name of the community, suburb, rural locality or town in the 'Elsewhere' box.
1	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
2	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
3	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
4	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
5	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
6	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
7	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
8	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
9	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
10	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
11	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job
12	Name of employer/business <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="checkbox"/> This community Elsewhere <input type="text"/> <input type="checkbox"/> Did not have a job



Person No.	<p>46 For the main job held last week, what did the person's employer do?</p> <ul style="list-style-type: none"> Describe using two words or more, for example: PROVIDES PRIMARY SCHOOL EDUCATION, BEEF CATTLE FARMING, COMMUNITY HEALTH SERVICE, COMMUNITY CARE SERVICE, MAKES ARTWORK OR CRAFTS. For self employed persons describe the type of industry, business or service provided by their business. 	<p>47 Last week, how many hours did the person work in all jobs?</p> <ul style="list-style-type: none"> Add any overtime or extra time worked. Subtract any time off.
1	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
2	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
3	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
4	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
5	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
6	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
7	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
8	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
9	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
10	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
11	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job
12	Industry, business or service of employer <input type="text"/> <input type="checkbox"/> Did not have a job	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job



48 How did the person get to work last week?

• If the person used more than one method of travel to work, record all methods used.

Person
No.

1	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
2	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
3	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
4	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
5	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
6	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
7	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
8	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
9	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
10	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
11	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job
12	<input type="checkbox"/> Walked only	<input type="checkbox"/> Car - as driver <input type="checkbox"/> Car - as passenger <input type="checkbox"/> Bus	<input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle	<input type="checkbox"/> Other <input type="checkbox"/> Did not go to work <input type="checkbox"/> Worked at home	<input type="checkbox"/> Did not have a job



Person No.	49 Did the person look for work at any time in the last four weeks? <ul style="list-style-type: none"> • Examples of looking for work include: being registered with Centrelink as a job seeker; checking or registering with any other employment agency; writing, telephoning or applying in person to an employer for work; advertising for work. 	50 If the person had found a job, could the person have started work last week?
1	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
2	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
3	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
4	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
5	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
6	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
7	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
8	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
9	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
10	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
11	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work
12	<input type="checkbox"/> No, did not look for work <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work	<input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason <input type="checkbox"/> Did not look for work



Person No.	51 In the last week did the person spend time doing unpaid domestic work for their household? • Include all housework, food/drink preparation and cleanup, laundry, gardening, home maintenance and repairs, and household shopping and finance management.	52 In the last two weeks did the person spend time providing unpaid care, help or assistance to anyone because they had a disability, a long term illness or problems related to old age? • Record persons who receive a carers benefit in the 'Yes, provided unpaid care, help or assistance' box. • Ad hoc help or assistance, such as shopping, should only be included if the person needs this sort of assistance because of his/her condition. • Do not include work done through a voluntary organisation or group.
1	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
2	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
3	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
4	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
5	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
6	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
7	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
8	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
9	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
10	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
11	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance
12	<input type="checkbox"/> No, did not do any unpaid domestic work in the last week <input type="checkbox"/> Yes, less than 5 hours <input type="checkbox"/> Yes, 5 to 14 hours <input type="checkbox"/> Yes, 15 to 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input type="checkbox"/> Yes, provided unpaid care, help or assistance



Person No.	53 In the last two weeks did the person spend time looking after a child (kid), without pay? <ul style="list-style-type: none"> • Only include children (kids) who were less than 15 years of age. • Mark all applicable responses. 	54 In the last twelve months did the person spend any time doing voluntary work through an organisation or group? <ul style="list-style-type: none"> • Exclude anything the person does as part of their paid employment or to qualify for a Government benefit. • Exclude working in a family business.
1	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
2	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
3	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
4	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
5	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
6	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
7	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
8	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
9	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
10	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
11	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work
12	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after my own child (kid) <input type="checkbox"/> Yes, looked after a child (kid) other than my own	<input type="checkbox"/> No, did not do voluntary work <input type="checkbox"/> Yes, did voluntary work



55 Does the person agree to his/her name and address and other information on this form being kept by the National Archives of Australia and then made publicly available after 99 years?

- Answering this question is **OPTIONAL**.
- A person's name-identified information will not be kept where a person does not agree or the answer is left blank.

56 Declaration

I have explained the requirements of question 55 to the household. I believe the household understood my explanation of question 55 and that I have correctly recorded the views of each person in the household at question 55.

Signature

Date

Thank you for completing this form.

Australian Statistician

Person
No.

1

- Yes, agrees
 No, does not agree

2

- Yes, agrees
 No, does not agree

3

- Yes, agrees
 No, does not agree

4

- Yes, agrees
 No, does not agree

5

- Yes, agrees
 No, does not agree

6

- Yes, agrees
 No, does not agree

7

- Yes, agrees
 No, does not agree

8

- Yes, agrees
 No, does not agree

9

- Yes, agrees
 No, does not agree

10

- Yes, agrees
 No, does not agree

11

- Yes, agrees
 No, does not agree

12

- Yes, agrees
 No, does not agree

