



# 2021 Census Interviewer Household Form

## To complete the front of this form

- Copy the **Drop off Field Area (DFA) Number** and **Record Number (RNO)** from your Workload List into the boxes provided.
- Write the number of this form and the total number of forms for the dwelling, for example, 'Form 1 of 2' or 'Form 2 of 2', into the boxes provided.
- Write the date of this interview in the boxes provided.
- Write the address of the dwelling in **Question 1** below.

DFA Number	Record Number
<input type="text"/>	<input type="text"/>

Form <input type="text"/>	of <input type="text"/>
---------------------------	-------------------------

Date of interview		
Day	Month	Year
<input type="text"/>	<input type="text"/>	2021

### What is the Census?

The Census is a snapshot of Australia's people and housing, and tells the story of how we are changing. It is used to estimate Australia's population, distribute government funds, and plan services for communities right around Australia.

This form asks questions about health, education, cultural background, employment and living situations. This information helps make sure the right services are available to individuals, families and communities, where and when they are needed.

Go to [www.census.abs.gov.au](http://www.census.abs.gov.au) to find out more about why the Census is important.

### Do I have to complete the Census?

Yes, the Census is compulsory. This information is collected under the authority of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about why the Census is compulsory.

### Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that will identify any individual, household or business. Your data is protected by the secrecy provisions of the *Census and Statistics Act 1905*.

Go to [www.census.abs.gov.au/privacy](http://www.census.abs.gov.au/privacy) to find out more about how we keep your information secure.

## How to answer

- Please use a **black or blue pen**.
- Mark boxes, like this:
- Write in **CAPITAL** letters and keep each letter within one box, like this:  A  R  T  I  S  T
- Use every box in turn and only miss a box to leave a space between words, like this:  M  O  T  O  R   M  E  C   
 H  A  N  I  C
- If you make a mistake in a box, draw a line through the box, like this:
- OR
- draw a line through the box and continue writing, like this:  P  A  I  N  T  ~~N~~  G  I  N   
 G

## 1 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"/>



### Important information about this form

Use this form to record details of all people (including visitors and people who are away) who are living in or staying at this dwelling at Census time.

A Census form must be completed for every dwelling on your Workload List except for dwellings no one lives in.

### Who should be included on the form?

Include everyone who is living or staying at this dwelling. This includes:

- adult family members (including adult children, parents, siblings and extended family members)
- babies, children and teenagers
- unrelated housemates, flatmates or boarders
- visitors or friends.

Include any people who are away but usually live at the dwelling.

### Filling in the form

- Begin the interview by asking the name of the head of the household. Write this person's name at Person 1 on page 04.
- Ask questions as they are worded on the form. Read out response options where appropriate.
- If required, read out the relevant dot points.
- 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.

### If there are more than twelve (12) people to record at this dwelling:

- Continue onto another form for the other people.
- Do not fill out page 03 again.
- Do not record anyone in Person 1 or Person 2. Begin at Person 3 on page 04.
- Answer Question 8 (Relationship) in relation to **Person 1/Person 2 from the first form**.
- The 'Same as Person 1' in Question 24 (Language) and Question 27 (Religion) refers to **Person 1 from the first form**.





Person Number	7 In the table below, list all people who usually live in this dwelling, as well as any visitors who will be staying overnight.		
	Name	Is the person:	Date of Birth and Age
Person 1	First or given name <input type="text"/> Surname or family name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND 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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other sex	Day    Month    Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AND Age <input type="text"/> <input type="text"/> Years

SAMPLE



If there are more than 12 people, continue onto another form.

Total: Total Male(s)  Total Female(s)  Total Other sex



Person No.

	<p><b>8 How is the person related to Person 1/Person 2?</b></p> <ul style="list-style-type: none"> <li>Some examples of other relationships are: BROTHER, SISTER, UNCLE, AUNT, SON-IN-LAW, DAUGHTER-IN-LAW, FRIEND, UNRELATED.</li> <li>If this is the second or third form for this dwelling, give the person's relationship to Person 1/Person 2 from the first form.</li> </ul>	<p><b>9 Is the person married?</b></p> <ul style="list-style-type: none"> <li>'Married' refers to registered marriages.</li> <li>If the person is in a traditional Aboriginal or Torres Strait Islander marriage, mark the 'Married' box.</li> </ul>	<p><b>10 Is the person of Aboriginal or Torres Strait Islander origin?</b></p> <ul style="list-style-type: none"> <li>If the person is of <b>both</b> Aboriginal and Torres Strait Islander origin, mark the 'Yes, both Aboriginal and Torres Strait Islander' box.</li> </ul>
1	<p><b>No answer to this question required for Person 1</b></p>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
3	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
4	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
5	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
6	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
7	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
8	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
9	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
10	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
11	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
12	<input type="checkbox"/> Child of both Person 1 and 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Never married <input type="checkbox"/> Separated but not divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander





Person No.

**12 Is the person staying in this dwelling tonight?**

- If the person is **not** staying in this dwelling tonight, please make sure Questions 13 and 14 are also completed.

**13 Where are they staying tonight?**

- If in this community or another community, write the community's name.
- If in a town or city, write the street number, street name and suburb if known.

**14 Why are they away?**

- Write the reason the person is away.
- For example: MEDICAL, IN HOSPITAL, SHOPPING, SPORTING EVENT, SORRY BUSINESS, FISHING, AT BOARDING SCHOOL, WORKING.

1	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
2	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
3	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
4	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
5	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
6	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
7	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
8	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
9	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
10	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
11	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		
12	<input type="checkbox"/> Yes, staying in this dwelling tonight ► <b>Go to 15</b> <input type="checkbox"/> No, but staying in this community tonight <input type="checkbox"/> No, not staying in this community tonight		

SAMPLE













**22 Is the person's father staying in the dwelling?**

- Include birth, adoptive, step or foster father.
- The Person Number is listed at Question 7 on page 04.

**23 Is the person's mother staying in the dwelling?**

- Include birth, adoptive, step or foster mother.
- The Person Number is listed at Question 7 on page 04.

Person No.

Person No.	22 Is the person's father staying in the dwelling?	23 Is the person's mother staying in the dwelling?
1	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
2	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
3	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
4	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
5	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
6	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
7	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
8	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
9	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
10	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
11	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No
12	Yes - please specify <b>father's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No	Yes - please specify <b>mother's</b> Person Number and Form Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No

SAMPLE





Person No.

**26 What is the person's ancestry?**

- Record up to **two** ancestries.
- Examples of 'Other': SCOTTISH, MALAY, NEW GUINEAN, ENGLISH, MAORI, CHINESE, SAMOAN, IRISH, AUSTRALIAN SOUTH SEA ISLANDER.

**27 What is the person's religion?**

- Answering this question is **OPTIONAL**.
- Examples of 'Other': ABORIGINAL TRADITIONAL BELIEFS, ANGLICAN, CATHOLIC, UNITING CHURCH, LUTHERAN, BAPTIST, ABORIGINAL EVANGELICAL MISSION, ATHEISM.

1	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
2	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
3	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
4	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
5	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
6	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
7	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
8	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
9	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
10	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
11	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)
12	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Same as Person 1 <input type="checkbox"/> No religion <input type="checkbox"/> Other (please specify)

SAMPLE



Person No.	28 Does the person ever need someone to help them do everyday things such as eating, washing themselves or dressing?	29 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.	30 Does the person ever need someone to help with understanding other people or being understood by other people?	31 Why does the person need help in the areas shown in Questions 28, 29 and 30? • Mark all that apply.
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 reason
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 reason
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 reason
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 checked="" 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 reason
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 reason
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 checked="" type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input checked="" 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 reason
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 reason
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 reason
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 reason
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 reason
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 reason
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 reason



Person No.

Person No.	<b>32 Is the person attending a school or other education institution?</b> <ul style="list-style-type: none"> <li>• Include preschool, school of the air, online, external or correspondence students.</li> <li>• Include TAFE.</li> </ul>	<b>33 What type of education institution is the person attending?</b> <ul style="list-style-type: none"> <li>• Include secondary colleges and senior high schools under the 'Secondary school' category.</li> <li>• Mark one box only.</li> </ul>			
1	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
2	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
3	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
4	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
5	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
6	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
7	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
8	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
9	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
10	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
11	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution
12	<input type="checkbox"/> No ► <b>Go to 34</b> <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> <b>Preschool</b>  <input type="checkbox"/> <b>Other education institution or training provider</b>	<b>Primary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Secondary school</b> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government	<b>Tertiary institution</b> <input type="checkbox"/> TAFE/College <input type="checkbox"/> University or other higher education institution





**34 Only continue for people aged 15 years or more**

**35 What is the highest year of primary or secondary school the person has completed?**

- If the person is currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.
- If the person did schooling in the mission days, mark the 'Year 8 or below' box.
- Mark one box only.

**36 Has the person completed a trade certificate/apprenticeship, TAFE or university qualification?**

- For example: CERTIFICATE I, CERTIFICATE II, ADVANCED DIPLOMA, TRADE CERTIFICATE, BACHELOR DEGREE.
- Include certificate, diploma or degree in 'Yes, other qualification'.

Person No.

1	<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"/> 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"/> 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"/> 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 checked="" type="checkbox"/> Yes, trade certificate/apprenticeship <input type="checkbox"/> Yes, other qualification
5	<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 checked="" 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"/> 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 checked="" 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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.

**37 What is the level of the *highest* qualification that the person has *completed*?**

- For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE I, CERTIFICATE II, ADVANCED DIPLOMA.

**38 What is the main field of study for the *highest* qualification that the person has *completed*?**

- For example: PLUMBING, HISTORY, ABORIGINAL HEALTH, PARK MANAGEMENT.
- If the person has two qualifications of the same level, completed at the same time (for example, double degrees), select the qualification considered the most important to them.

1	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
2	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
3	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
4	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
5	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
6	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
7	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
8	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
9	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
10	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
11	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification
12	Level of qualification <input type="checkbox"/> No qualification, or still studying for first qualification	Field of study <input type="checkbox"/> No qualification, or still studying for first qualification



Person No.	<b>39 Did the person complete this qualification before 1998?</b> <input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<b>40 For each female, how many babies has she ever given birth to?</b> <input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None <small>• Exclude adopted, foster and step children.</small>	<b>41 How much money does the person get each fortnight before tax or anything else is taken out?</b> <small>• Do not take out automatic deductions such as rent and housing costs.            • Include wages, Centrelink or other government payments, BasicsCard, Community Development Program (CDP) money, pensions, art sales, and any other money, before tax or anything else is taken out.            • A fortnight means two weeks.            • Mark one box only.</small>
1	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
2	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
3	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
4	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input checked="" type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input checked="" type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
5	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input checked="" type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input checked="" type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
6	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input checked="" type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input checked="" type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input checked="" type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
7	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
8	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
9	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
10	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
11	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income
12	<input type="checkbox"/> Yes, before 1998 <input type="checkbox"/> No, 1998 or later <input type="checkbox"/> No qualification	<input type="checkbox"/> <input type="checkbox"/> Number of babies <input type="checkbox"/> None	<input type="checkbox"/> \$1 - \$299 <input type="checkbox"/> \$800 - \$999 <input type="checkbox"/> \$1,600 - \$1,999 <input type="checkbox"/> \$3,000 - \$3,499 <input type="checkbox"/> \$6,000 or more <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$1,000 - \$1,299 <input type="checkbox"/> \$2,000 - \$2,499 <input type="checkbox"/> \$3,500 - \$3,999 <input type="checkbox"/> \$0 or nil income <input type="checkbox"/> \$600 - \$799 <input type="checkbox"/> \$1,300 - \$1,599 <input type="checkbox"/> \$2,500 - \$2,999 <input type="checkbox"/> \$4,000 - \$5,999 <input type="checkbox"/> Negative income



Person No.	<p><b>42 Last week, did the person have a paid job of any kind?</b></p> <ul style="list-style-type: none"> <li>• Answer for the main job only. The main job is the job in which the person works the most hours.</li> <li>• A paid job means any type of paid work if it was for one hour or more.</li> <li>• 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.</li> <li>• If the person had a job last week in the Community Development Program, mark the 'Yes, CDP job' box.</li> </ul>	<p><b>43 Was the person's business incorporated?</b></p> <ul style="list-style-type: none"> <li>• Incorporated means a limited liability company.</li> </ul>	<p><b>44 Does the person's business employ people?</b></p> <ul style="list-style-type: none"> <li>• Exclude owner(s) of the business.</li> </ul>
1	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
2	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
3	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
4	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
5	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
6	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
7	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
8	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
9	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
10	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
11	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees
12	<input type="checkbox"/> Yes, CDP job ► <b>Go to 45</b> <input type="checkbox"/> Yes, worked in own business ► <b>Go to 43</b> <input type="checkbox"/> Yes, job not CDP ► <b>Go to 45</b> <input type="checkbox"/> No, did not have a job ► <b>Go to 45</b>	<input type="checkbox"/> No, unincorporated <input type="checkbox"/> Yes, incorporated (e.g. Pty Ltd)	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees



Person No.

**45 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.

**46 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.

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

SAMPLE



Person No.

**47 For the main job held *last week*, who did the person work for?**

- If it is the community council, write the community's name.
- For self-employed people, write the name of the person's business.

**48 For the main job held *last week*, what did the person's employer do?**

- 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 people, describe the type of industry, business or service provided by the person's business.

1	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
2	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
3	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
4	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
5	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
6	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
7	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
8	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
9	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
10	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
11	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job
12	Name of employer/business <input type="checkbox"/> Did not have a job	Industry, business or service of employer <input type="checkbox"/> Did not have a job

SAMPLE





Person No.

**49 For the main job held *last week*, where was the person's workplace?**

- If it is not this community, write the name of the community, suburb, rural locality or town in the 'Elsewhere (please specify)' boxes.
- For people with no fixed place of work:
  - if the person usually travels to a central location or depot to start work, write that location's address
  - otherwise, write 'NONE' in the 'Elsewhere (please specify)' boxes.

**50 How did the person get to work *last week*?**

- If the person used more than one method of travel to work, **mark all that apply.**

1	<input type="checkbox"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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"/> This community <input type="checkbox"/> Elsewhere (please specify) <input type="checkbox"/> Did not have a job	<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.

	<p><b>51 Last week, how many hours did the person work in all jobs?</b></p> <ul style="list-style-type: none"> <li>Add any overtime or extra time worked.</li> <li>Subtract any time off.</li> </ul>	<p><b>52 Did the person actively look for work at any time in the last four weeks?</b></p> <ul style="list-style-type: none"> <li>Full-time work means 35 hours or more per week.</li> <li>Include:                             <ul style="list-style-type: none"> <li>registering or talking with employment providers</li> <li>applying in person or phoning an employer or business</li> <li>contacting friends or family about work</li> <li>answering an advertisement</li> <li>having an interview with an employer or business.</li> </ul> </li> </ul>	<p><b>53 If the person had found a job, could the person have started work last week?</b></p>
1	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
2	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
3	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
4	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
5	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
6	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
7	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
8	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
9	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
10	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
11	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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
12	<input type="text"/> <input type="text"/> Hours worked last week <input type="checkbox"/> None <input type="checkbox"/> Did not have a job	<input type="checkbox"/> No, did not look for work ► <b>Go to 54</b> <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



Person No.

**54 Has the person ever served in the Australian Defence Force?**

- Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service, NORFORCE, Torres Strait Light Infantry Battalion and 51<sup>st</sup> Battalion, Far North Queensland Regiment (51 FNQR).
- Exclude service for non-Australian defence forces.
- Mark all that apply.

**55 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?**

- Include unpaid voluntary work for sporting teams, youth groups, schools or religious organisations.
- Exclude work in a family business or paid employment.
- Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order.

1	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
2	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
3	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
4	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
5	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input checked="" type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
6	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input checked="" type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
7	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
8	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
9	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
10	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
11	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work
12	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Regular Service</b> <input type="checkbox"/> Yes, currently in the Australian Defence Force <input type="checkbox"/> Yes, previously in the Australian Defence Force	<input type="checkbox"/> <b>Reserves Service</b> <input type="checkbox"/> Yes, currently in the Reserves <input type="checkbox"/> Yes, previously in the Reserves	<input type="checkbox"/> No, did not do unpaid voluntary work <input type="checkbox"/> Yes, did unpaid voluntary work



Person No.

**56 In the last week did the person spend time doing unpaid work around the house?**

- Include all housework, cooking, cleaning, washing/laundry, gardening, home maintenance and repairs, household shopping and finance management.

**57 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?**

- For people who receive Carer Allowance or Carer Payment, mark the 'Yes, provided unpaid care, help or assistance' box.
- Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition.
- Do not include work done through a voluntary organisation or group.

1	<input type="checkbox"/> No, did not do any unpaid work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input type="checkbox"/> No, did not provide unpaid care, help or assistance <input checked="" type="checkbox"/> Yes, provided unpaid care, help or assistance
6	<input type="checkbox"/> No, did not do any unpaid work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 29 hours <input type="checkbox"/> Yes, 30 hours or more	<input checked="" 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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 work around the house in the last week <input type="checkbox"/> Yes, less than 5 hours	<input type="checkbox"/> Yes, 5 - 14 hours <input type="checkbox"/> Yes, 15 - 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



**58** In the *last two weeks* did the person spend time looking after a child, including their own, *without pay*?

- Only include children who were less than 15 years of age.
- Mark all that apply.

**Continue to page 27 for all people in the household**

Person  
No.

1	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
2	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
3	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
4	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
5	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
6	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
7	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
8	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
9	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
10	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
11	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child
12	<input type="checkbox"/> No <input type="checkbox"/> Yes, looked after own child <input type="checkbox"/> Yes, looked after a child other than own child

SAMPLE



**59 Has the person been told by a doctor or nurse that they have any of these long-term health conditions?**

- Include health conditions that have lasted or are expected to last for six months or more.
- Include health conditions that:
  - may come back from time to time, or
  - are controlled by medication or pills, or
  - are in remission.
- Mark all that apply.

Person No.

1	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
2	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
3	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
4	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
5	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
6	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
7	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input checked="" type="checkbox"/> Kidney disease <input checked="" type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
8	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
9	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
10	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
11	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>
12	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease (including heart attack)	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition <input type="checkbox"/> Mental health condition (including depression or anxiety)	<input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s)	<input type="checkbox"/> <b>No long-term health condition</b>



**60 Does each person agree to their name, 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 by the National Archives where a person does not agree or the answer is left blank.
- Information provided to the National Archives will include answers to all questions on the form including Question 59 (long-term health conditions).

Person No.

1	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
2	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
3	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
4	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
5	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
6	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
7	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
8	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
9	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
10	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
11	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree
12	<input type="checkbox"/> Yes, agrees <input type="checkbox"/> No, does not agree

**61 Declaration**

I have explained the requirements of Question 60 to the household. I believe the household understood my explanation of Question 60 and that I have correctly recorded the views of each person in the household at Question 60.

Signature

Day    Month    Year

**Thank you for your participation.**

SAMPLE

Please check that all the people, including visitors, at this dwelling have been included on the form.

**If there are more than 12 people to record at this dwelling, continue onto another form.**

**IF YOU START ANOTHER FORM, REMEMBER:**

- Write the number of the form on the front of the form. For example 'Form 2 of 3'.
- Do not record anyone at Person 1 or Person 2. Begin at Person 3 on page 04.
- Answer Question 8 (Relationship) in relation to **Person 1/Person 2 from the first form.**

**FIELD STAFF USE ONLY**

**RAS**

CCF

QA

RGH

**OFFICE USE ONLY**

**RAS**

CCF

QA

**DCC**

TRN



**2021 Census  
Interviewer Household Form**

SAMPLE

