

South Australian Population Health Survey (SAPHS) 2026 Questionnaire



**Government
of South Australia**

Preventive Health SA

Contents

Demographics (1).....	3
Overall Health Status.....	3
Health Care Utilisation.....	3
Disability and Carers	5
Biomedical Risk Factors	6
Protective Factors	6
Behavioural Risk Factors.....	9
Food Security	11
Mental Health	11
Wellbeing	14
Disadvantage and Inequity	15
Demographics (2).....	16

Note: Bold text denotes 'read out'

Demographics (1)

All ages

A1. As this is a survey about health, can you tell me your/NAME's age please?
(Single Response)

1. ____ (RANGE 0 – 120)
2. Not stated
3. Don't know

Sequence Guide: If A1=1 (Age), go to A3

A2. Which age group are you/name in?

Would it be...

(Single response)

1. Under 2 years
2. 2 to 4 years
3. 5-15 years
4. 16 or 17 years
5. 18 to 24 years
6. 25 to 34 years
7. 35 to 44 years
8. 45 to 54 years
9. 55 to 64 years
10. 65 to 74 years
11. 75 years or over
12. Prefer not to say (End interview)

A3. What was your/name sex recorded at birth?

(Single response)

1. Male
2. Female
3. Another term
(SPECIFY_ _____)

A3a. How do/does you/name describe your/their gender?

(Single response)

1. Man or male
2. Woman or female
3. Non-binary
4. I/they use a different term (specify)
5. Prefer not to say

A4. How many people aged 18 or over live in this household?

(Enter number)

1. ____ (RANGE 1-20)
2. Not stated (999)

A5. How many children under 18 years live in your household?

(Enter number).

1. ____ (RANGE 1-20)
2. Not stated (999)

Overall Health Status

5 years and over

B1. In general, would you say that your/NAMEs health is:

(Single Response)

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Don't know
7. Prefer not to say

Health Care Utilisation

All ages

C1. In the last 12 months, how many times have you/NAME used these health services in South Australia?

(Enter number of times)

1. GP
2. Specialist Doctor
3. Dentist
4. Other health professional (Note: allied health, nursing, Aboriginal health worker)
5. Hospital admission (in-patient)
6. Hospital Outpatient Clinic
7. Hospital Emergency/casualty department
8. Prefer not to say

All ages

C2. Apart from Medicare, are you (your child) currently covered by private health insurance?

(Single response)

1. Yes
2. No
3. Don't know
4. Refused

Chronic Conditions

2+ years

E1. Has a doctor or nurse ever told you/NAME that you have/NAME has diabetes?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

Sequence guide: If E.1 >1 go to E7.
If E1 = 1 and A3 = 2 (female), go to E2.

Females 16+ only

E2. Were you/Name pregnant when you/name were first told you/name had diabetes?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

Sequence guide: If E2 = 1, go to E3

Females 16+ only

E3. Have you/has NAME ever been told by a doctor or nurse that you/NAME had diabetes other than when you were/NAME was pregnant?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

2+ years

E4. Have you/Has NAME got diabetes now?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

Sequence guide: If E4 >1 go to E7

2+ years

E5. What type of diabetes were you /NAME told you/NAME has?

IF E2 = 1 Show Other than diabetes at the time of pregnancy

(Single response)

1. Type 1
2. Type 2
3. Other (specify)
4. Don't know
5. Prefer not to say

2+ years

E6. How do you/does NAME currently treat your/their diabetes?

(Select as many as apply)

1. Insulin
2. Non-insulin injection (i.e. Ozempic)
3. Tablets
4. Diet
5. Exercise
6. Other (specify)
7. Don't know
8. Prefer not to say

2+ years

E7. Has a doctor or nurse ever told you/NAME that you have/NAME has asthma?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

Sequence guide: If E7>1 go to E11

2+ years

E8. Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness. Have you/has name had any symptoms of asthma or taken treatment for asthma in the last 12 months?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

2+ years

E9. Do you/does name still have asthma?

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

16+ years

E11. Has a doctor or nurse ever told you/NAME that you have/NAME has chronic bronchitis or emphysema that has lasted 6 months or more?

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

All ages. Children aged 0-17 only have response options of heart disease and stroke

E12. Have (has) you (your child) ever been told by a doctor or nurse that you (he/she) have any of the following conditions?

(Select as many as apply)

1. **Heart attack**
2. **Angina**
3. **Heart Disease***
4. **Stroke**
5. **TIA or 'mini stroke' (Transient Ischaemic attack)**
6. None of the above
7. Prefer not to say

* Heart Disease may include congenital, rheumatic, coronary, peripheral arterial disease, peripheral vascular disease, heart arrhythmia, cardiomyopathy.

2+ years

E13. Has a doctor or nurse ever told you/NAME that you have/NAME has arthritis? And if so, what type?

(Select as many as apply)

1. **Yes - Osteoarthritis**
2. **Yes – Rheumatoid Arthritis**
3. **Yes – Gout**
4. **Yes – Other type (specify)**
5. **Yes – Don't know what type**
6. **No – Don't have arthritis**
7. Don't know
8. Prefer not to say

16+ years

E14. Has a doctor or nurse ever told you/NAME that you have/NAME has osteoporosis?

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

All ages

E15. Has a doctor or nurse ever told you/NAME that you have/NAME has cancer?

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

Disability and Carers

All ages

The next question is about disability, that is, a limitation, restriction or impairment which has lasted, or is likely to last more than 6-months and restricts every day activities.

G1. Do you/does Name have a disability?

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

16+ years

G2. Do you /Does Name provide any long-term care for a parent, partner, child, other relative or friend who has a disability, is aged 65 years or over or who has a chronic mental or physical illness?

By long-term care we mean a minimum of 6-months and may extend to years

(Single response)

1. **Yes**
2. **No**
3. Don't know
4. Prefer not to say

Biomedical Risk Factors

16+ years

H1. Has a doctor or nurse ever told you/NAME that you have/NAME has high blood pressure?

(Single response)

1. Yes
2. Yes – but medication has now addressed it
3. Yes – but it was only during pregnancy (female only)
4. Yes – but it was only temporary
5. No
6. Don't know
7. Prefer not to say

Sequence guide: If H1=1 or 2, go to H3.

16+ years

H3. How do you/does NAME currently treat your high blood pressure?

(Select as many as apply)

1. Prescribed medication (tablets)
2. Healthy eating
3. Being physically active
4. Trying to lose/maintain a healthy weight
5. Other (specify)
6. No treatment
7. Don't know
8. Prefer not to say

16+ years

H4. Has a doctor or nurse ever told you/NAME that you have /NAME has high cholesterol?

(Single response)

(Probe: if respondent does not have high cholesterol anymore because they are taking medication, code as yes)

1. Yes
2. Yes – but medication has now addressed it
3. Yes – but it was only temporary
4. No
5. Don't know
6. Prefer not to say

Sequence guide: If H4=1 or 2 to go H6.

16+ years

H6. How do you/does NAME currently treat your/their high cholesterol?

(Select as many as apply)

1. Prescribed medication (tablets)
2. Healthy eating
3. Being physically active
4. Trying to lose/maintain a healthy weight
5. Other (specify)
6. No treatment
7. Don't know
8. Prefer not to say

All ages

H7. What is your/Names height without shoes?

(Single response)

1. ___ Centimeters
2. ___ Feet
3. ___ Inches
4. Don't know
5. Prefer not to say

All ages

H8. What is your (your child's) weight? (undressed in the morning)

(Single response)

1. ___ Kilograms range
2. ___ Stones
3. ___ Pounds
4. Don't know
5. Prefer not to say

Protective Factors

5-17 years

I1. How many days in the past week did NAME do any vigorous or moderate physical activity for a total of at least 60 minutes? This could include active transportation, leisure, active play, organised and non-organised sport, games, physical education and other activities at home, school or the community.

(Single response)

1. ___ Enter number of days
2. None
3. Don't know
4. Prefer not to say

65+ years

I2. How many days in the past week did you/NAME do any moderate physical activity for a total of at least 30 minutes? This could include brisk walking, golf, dancing, or garden work and household chores.

(Single response)

1. ____ Enter number of days
2. None
3. Don't know
4. Prefer not to say

18+ years

I3. In the last week how many times have you/NAME walked continuously for at least 10 minutes for fitness, recreation, sport or to get to and from places?

(Single response)

1. ____ Enter number of times
2. None
3. Don't know
4. Prefer not to say

Sequence guide: If I3 > 1 go to I5

18+ years

I4. What do you estimate was the total time that you (your child) spent walking in this way in the last week?

(Single response)

1. ____ hours
2. ____ minutes
3. Don't know
4. Prefer not to say

18+ years

I5. This question excludes household chores or gardening. In the last week, how many times did you/NAME do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. tennis, jogging, cycling, keeping fit exercises)

(Single response)

1. ____ Enter number of times
2. None
3. Don't know
4. Prefer not to say

Sequence guide: If I5 > 1 go to I7

18+ years

I6. What do you estimate was the total time that you/NAME spent doing this vigorous activity in the last week?

(Single response)

1. ____ hours
2. ____ minutes
3. None
4. Don't know
5. Prefer not to say

18+ years

I7. This question excludes household chores or gardening. In the last week, how many times did you do any moderate physical activity that you have not already mentioned? (e.g. lawn bowls, golf, gentle swimming)

(Single response)

1. ____ Enter number of times
2. None
3. Don't know
4. Prefer not to say

Sequence guide: I7 >1 go to I9

18+ years

I8. What do you estimate was the total time that you/NAME spent doing this moderate activity in the last week?

(Single response)

1. ____ hours
2. ____ minutes
3. None
4. Don't know

Prefer not to say

5+ years

I9. Some activities are designed to increase muscle strength or tone, such as lifting weights, resistance training, pull-ups, push-ups or sit-ups. Including any activities already mentioned, on how many days in the last week did you/NAME do any strength or toning activities?

(Single response)

1. ____ Enter number of days
2. None
3. Don't know
4. Prefer not to say

5-17 years

I10. The following questions relate to screen-based activities which include the use of TV, tablets, computers, smartphones and electronic games. The questions do not relate to screen use for school or education purposes. On a typical weekday how many hours do you /does NAME use electronic media (screen time) for entertainment?

(Single response)

1. ____ hours
2. ____ minutes
3. None
4. Don't know
5. Prefer not to say

5-17 years

I11. On a typical weekend day how many hours do you /does NAME use electronic media (screen time) for entertainment?

(Single response)

1. ____ hours
2. ____ minutes
3. None
4. Don't know
5. Prefer not to say

All ages

I12. On average, how many hours per day do you /does NAME spend sleeping?

(Single response)

1. ____ hours
2. ____ minutes
3. Don't know
4. Prefer not to say

1+ years

I13. How many serves of vegetables do you /does NAME usually eat each day?

A 'serve' is ½ cup cooked vegetables or 1 cup of salad.

(Single response)

1. None (don't eat vegetables)
2. Less than one serve
3. Enter number of serves
4. Don't know
5. Prefer not to say

1+ years

I14. The next question is about eating fruit, which includes fresh, dried, frozen and tinned fruit. How many serves of fruit do you /does NAME usually eat each day?

A 'serve' is 1 medium piece or 2 small pieces of fruit, 1 cup diced pieces or 1 tablespoon of dried fruit

(Single response)

1. None (don't eat fruit)
2. Less than one serve
3. Enter number of serves
4. Don't know
5. Prefer not to say

1+ years

I15. How many times a week on average do you /does NAME have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, KFC, Dominos, or your local take-away?

(Single response)

1. ____ number of times per day
2. ____ number of times per week
3. ____ number of times per month
4. Rarely (less than once per month)
5. Never
6. Don't know
7. Prefer not to say

1+ years

I16. How many times a week on average do you/does NAME have snacks like chocolate, lollies, cake, donuts, pastries, crisps, ice-cream and sweet or savoury biscuits?

(Single response)

1. ____ number of times per day
2. ____ number of times per week
3. ____ number of times per month
4. Rarely (less than once per month)
5. Never
6. Don't know
7. Prefer not to say

1+ years

The next few questions are about how many glasses of tap water, soft drinks and energy drinks, that you drink /NAME drinks in a day. On an average day how much do you drink?

I17. On an average day, how much tap water do you/does NAME usually have? This includes pura-tap/water filters and if tap water is used to make cordial, coffee and tea.

(Single response)

1. ____ number of glasses
2. ____ mls
3. ____ litres
4. None
5. Don't know
6. Prefer not to say

1+ years

I18. On an average day, how much diet or 'sugar-free; soft drinks, sports drinks or energy drinks do you/does NAME usually have?

(Single response)

1. ____ number of glasses
2. ____ mls
3. ____ litres
4. None
5. Don't know
6. Prefer not to say

1+ years

I19. On an average day, how much soft drink, sports drink or energy drinks do you/ does NAME usually have? (excludes sugar-free drinks)

(Single response)

1. ____ number of glasses
2. ____ mls
3. ____ litres
4. None
5. Don't know
6. Prefer not to say

2+ years

I21. How often do you/does NAME brush your/their teeth or dentures?

(Single response)

1. Less than once a day
2. Once a day
3. Twice a day

4. More than twice a day

5. Don't know

6. Prefer not to say

Behavioural Risk Factors

16+ years

J1. Now for some questions about smoking. Do you /does NAME currently smoke cigarettes, cigars, pipes or any other tobacco products

(Single response)

1. Daily
2. At least weekly (not daily)
3. Less often than weekly
4. Not at all
5. Prefer not to say

Sequence guide: If J1 = 1-3, go to J2. All others go to J3.

J1a. On average, how many cigarettes, cigars, pipes or any other tobacco products do you smoke per day or each week? (Enter number)

1. ____ per day, or,
2. ____ per week, or
3. ____ per month

J2. Over your /NAME's lifetime would you /they have smoked at least 100 cigarettes or a similar amount of tobacco?

(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

The next question is about e-cigarettes. E-cigarettes or vapes are battery-powered devices that release vapour which is inhaled by the user. E-cigarettes may contain nicotine and may be flavoured.

J2B. How often do you currently vape or use e-cigarettes?

(Single response)

1. Daily
2. At least weekly (but not daily)
3. At least monthly (but not weekly)
4. Less than monthly
5. Not at all
6. Don't know
7. Prefer not to say

The next few questions refer to 'standard drinks'. A standard drink varies according

to type of alcohol (i.e. beer, wine, spirits) and the form it comes in (schooner, stubbie, can, bottle, cask etc.).

In the following questions would you let me know what type and form of alcohol you are referring to in order to calculate the number of standard drinks you consume.

J6. In the last 12 months, how often did you have an alcoholic drink of any kind

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Not in the last 12 months (NS)
9. No longer drink (Go to J8)
10. Never drunk alcohol (NS)
11. Prefer not to say (NS)

Sequence guide: If J6= 8, 10 or 11, go to next section. If J6=9 go to J8.

J7. On a day that you have an alcoholic drink, how many standard drinks do you usually have?

(Single response)

1. 20 or more drinks
2. 16-19 drinks
3. 13-15 drinks
4. 9-10 drinks
5. 7-8 drinks
6. 5-6 drinks
7. 3-4 drinks
8. 2 drinks
9. 1 drink
10. Half a drink
11. Don't know
12. Prefer not to say

J8. In the last 12 months, how often did you have 20 or more standard drinks in a day?

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never

9. Don't know
10. Prefer not to say

J9. In the last 12 months, how often did you have 11-19 standard drinks in a day?

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

J10. In the last 12 months, how often did you have 7-10 standard drinks in a day?

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

J11. In the last 12 months, how often did you have 5-6 standard drinks in a day?

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

J12. In the last 12 months, how often did you have 3-4 standard drinks in a day?

(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never

9. Don't know
10. Prefer not to say

J13. In the last 12 months, how often did you have 1-2 standard drinks in a day?
(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

J14. In the last 12 months, how often did you have less than one standard drink per day?
(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

J15. In the last 12 months, how often did you have no alcohol in a day?
(Single response)

1. Every day
2. 5-6 days a week
3. 3-4 days a week
4. 1-2 days a week
5. 2-3 days a month
6. About 1 day a month
7. Less often
8. Never
9. Don't know
10. Prefer not to say

Food Security

All ages

K1. In the last 12-months, were there any times that you/NAME ran out of food and you couldn't afford to buy more?
(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

Sequence guide: If K1 >1 go to next section

K2. How often did this happen?
(Single response)

1. ___ times per week
2. ___ times per month
3. ___ times per year
4. Rarely
5. Don't know
6. Prefer not to say

Mental Health

5+ years

L1. In the last 12 months, how many times have you/has NAME used these health services in South Australia?
(Answer for each)

1. ___ Psychologist
2. ___ Psychiatrist
3. ___ Other community mental health services
4. ___ Online/phone services (self-help)
5. Prefer not to say

5-15 years

L2. Has a doctor or health professional ever told you NAME has any of the following conditions?

(Select as many as applicable)

1. Depression
2. ADHD – Attention Deficit Hyperactivity Disorder
3. Conduct Disorder
4. Anxiety (including social phobia, separation anxiety, OCD or generalized anxiety)
5. Other mental health condition (specify)
6. None
7. Don't know
8. Prefer not to say

Note: A conduct disorder is a *behavioural problem in children and adolescents which may involve aggression (for example, towards authority figures, other children, and animals) and law-breaking tendencies (for example, stealing, lighting fires, breaking into houses and vandalism)*

5-15 years

L3. Is NAME currently receiving treatment for any mental health concerns? What form of treatment is that?

(Select as many as applicable)

1. Yes - Medication
2. Yes – Health professional (i.e. psychologist, psychiatrist, GP)
3. Yes – Counsellor
4. Yes – Online/Phone resources (self-help)
5. Yes – Other (specify)
6. None
7. Don't know
8. Prefer not to say

16+ years

L5. In the last 12 months, have you/Has NAME ever been told by a doctor that you have any of the following conditions?

(Select as many as applicable)

1. Anxiety
2. Depression
3. A stress related problem
4. Any other mental health problem (specify)
5. None
6. Don't know
7. Prefer not to say

16+ years

L6. Are you/is NAME currently receiving treatment for anxiety, depression, stress related problems or any other mental health problem?

(Select as many as applicable)

1. Yes - Medication
2. Yes – Health professional (i.e. psychologist, psychiatrist, GP)
3. Yes – Counsellor
4. Yes – Online/Phone resources (self-help)
5. Yes – Other (specify)
6. None
7. Don't know
8. Prefer not to say

18+ years

The next questions are about how you have been feeling in the last 4 weeks. Some of the questions might make you feel uncomfortable so you don't have to answer them if you don't want to.

L7. In the past four weeks, about how often did you feel tired out for no good reason?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L8. In the past four weeks, about how often did you feel nervous?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

Sequence guide: If L8>4, go to L10

L9. In the past four weeks, about how often did you feel so nervous that nothing could calm you down?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L10. In the past four weeks, about how often did you feel hopeless?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L11. In the past four weeks, about how often did you feel restless or fidgety?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

Sequence guide: If L11>4 go to L13

L12. In the past four weeks, about how often did you feel so restless you could not sit still?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L13. In the past four weeks, about how often did you feel depressed?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L14. In the past four weeks, about how often did you feel everything was an effort?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L15. In the past four weeks, about how often did you feel so sad that nothing could cheer you up?

(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

L16. In the past four weeks, about how often did you feel worthless?
(Single response)

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
6. Don't know
7. Refused

18+ years

Now I'm going to ask you some questions about suicide. Remember that if you feel uncomfortable, you don't have to answer these questions.

L17. In the past 12 months have you considered suicide?
(Single response)

1. Yes
2. No
3. Refused

Sequence guide: If L17 >1 go to next section

L18. Did you seek (or are you seeking) professional help for this?
(Single response)

1. Yes
2. No
3. Refused

Sequence guide: If L18 =2 go to L19. Else go to L20.

L19. Why did you not seek professional help?
(Select as many as applicable)

1. Did not know who to contact
2. Stigma/embarrassment
3. Concerned about privacy
4. Did not feel I needed help
5. I had other supports
6. Other (specify)
7. Refused

L20. What did you do at the time, or have you done since that time that helped your wellbeing?
(Open response)

If you feel distressed following this call or these questions have caused you concern, you may find it helpful to contact the following support services for support:

Lifeline – 13 11 44

Adult Mental Health Service – 13 14 65

Wellbeing

16+ years

The next few questions are about how you rate your general wellbeing. On a scale of 0 to 10, where 0 means 'not at all' and 10 means 'completely'....

M1. Overall, how satisfied are you with your life nowadays?
(Single response)

1. ____ Enter number
2. Don't know
3. Refused

M2. Overall, to what extent do you feel the things you do in your life are worthwhile?
(Single response)

1. ____ Enter number
2. Don't know
3. Refused

M3. Overall, how happy did you feel yesterday?
(Single response)

1. ____ Enter number
2. Don't know
3. Refused

M4. Overall, how anxious did you feel yesterday?
(Single response)

1. ____ Enter number
2. Don't know
3. Refused

Disadvantage and Inequity

16+ years

We know that people of different social and economic backgrounds can have different health outcomes. This next question may seem personal, but they will help us understand how these issues affect the health of South Australians. Remember, all responses are confidential and you don't have to answer the questions if you don't want to.

N1. Which one of the following options best describes how you think of yourself?
(Single response)

1. Straight
2. Gay or lesbian
3. Bisexual
4. Other (specify)
5. Don't know
6. Prefer not to say

N2. In the last 12 months, have you /has NAME experienced discrimination or been treated unfairly because of your /their racial, ethnic, cultural or religious background?
(Single response)

1. Never
2. Less than once a year
3. A few times a year
4. A few times a month
5. At least once a week
6. Almost every day
7. Don't know
8. Prefer not to say

N3. Have you / has NAME ever been discriminated against because of your:
(Select all that apply)

1. Religion
2. Race
3. Sexual Orientation
4. Gender
5. Age
6. Disability
7. Other (specify)
8. None

N5. If suddenly you had / NAME had to get \$2,000 for something important, could you/NAME get the money within a week?
(Single response)

1. Yes
2. No
3. Don't know
4. Prefer not to say

18+ years

N6. Are you a parent or carer of a child aged 5-15 years?

1. Yes, insert age of child ____
2. No
3. Don't know
4. Prefer not to say

5-15 years, or adult respondent who is a parent/carer of a 5-15 year old.

N7. How many social media accounts do you/your child have?
(Single response)

1. Please specify _____ (list type of account i.e. Facebook, Instagram, Snapchat, TikTok)
2. None
3. Not sure/Don't know
4. Prefer not to say

Sequence guide: If N7=2-4, go to next section.

N8. How many hours per day do you/your child spend on social media?
(Single response)

1. Enter number of hours ____
2. Enter number of minutes ____
3. Not sure/Don't know
4. Prefer not to say

Demographics (2)

Now to finish with some general questions.

All ages

O1. What town or suburb do you/NAME live in?

(Single response)

1. ____ Enter town/suburb
2. Not stated

18+ years

O2. Which of the following best describes your /NAMEs current marital status?

(Single response)

1. Married
2. Living with a partner
3. Separated
4. Divorced
5. Widowed
6. Never Married
7. Prefer not to say

16+ years

O3. Which of these best describe your /NAMEs current employment status?

(Single response)

1. Full-time employed (permanent/contract) including self employed
2. Part-time employed (permanent/contract) including self employed
3. Casual
4. Unemployed
5. Engaged in home duties
6. Student
7. Retired
8. Unable to work
9. Carer
10. Volunteer work
11. Other (Specify)
12. Don't know
13. Prefer not to say

All ages

O5. In which country were you /NAME born?

(Single response)

1. Australia
2. Afghanistan
3. Austria
4. Bosnia-Herzegovina
5. Canada
6. China
7. Croatia
8. Egypt
9. Lebanon
10. France
11. Germany
12. Greece
13. Holland / Netherlands
14. Hungary
15. Iran
16. India
17. Italy
18. Malaysia
19. Malta
20. New Zealand
21. Philippines
22. Poland
23. Slovenia
24. South Africa
25. UK or Ireland
26. USA
27. Vietnam
28. Former Yugoslav
29. Other country (*specify*) _____
30. Not stated/Refused

All ages

O6. Are you / is NAME of Aboriginal or Torres Strait Islander origin?

(Single response)

1. No
2. Aboriginal
3. Torres Strait Islander
4. Aboriginal and Torres Strait Islander
5. Prefer not to say

Sequence guide: If O6=2-4, go to O8. Else go to O9.

All ages

O8. Do you /Does NAME speak any (enter O6) languages?

(Single response)

1. Yes
2. Yes, some words only
3. No
4. Prefer not to say

All ages

O9. In the last 12-months, have you /has NAME gone to or been involved in any of these Aboriginal and Torres Strait Islander cultural activities or ceremonies?

(Select as many as applicable)

1. Ceremonies
2. Funeral/sorry business
3. NAIDOC Week activities
4. Sport Carnivals (excluding NAIDOC week activities)
5. Festivals or carnivals involving arts, crafts, music or dance (excluding NAIDOC week activities)
6. Been involved in any Aboriginal or Torres Strait Islander Organisations
7. None of the above
8. Prefer not to say

All ages

O10. What is the main language you speak /NAME speaks at home?

(Single response)

1. English
2. Italian
3. Greek
4. Mandarin
5. Vietnamese
6. Cantonese
7. Arabic
8. German
9. Polish
10. Spanish
11. Punjabi
12. Hindi
13. Other (specify)
14. Prefer not to say

Sequence guide: If O10>1, go to O10a

O10a. Do you consider you speak English...?

(Single response)

1. Very well
2. Well

3. Not well
4. Not at all
5. Prefer not to say

16+ years

O11. What is the highest level of education you have /NAME has completed?

(Single response)

1. Never attended school
2. Some primary school
3. Completed primary school
4. Some high school
5. Completed high school
6. TAFE, Trade or certificate
7. Diploma, advanced diploma
8. University or some other tertiary degree
9. Other (specify)
10. Prefer not to say

All ages

O12. The next question is about housing. Is where you live /NAME lives...

(Single response)

1. Owned or being purchased by the occupants
2. Rented from the Housing SA
3. Rented privately
4. Retirement village
5. Other (specify)
6. Prefer not to say

All ages

O13. What is the approximate annual gross income of your /NAME' household? This is, before tax is taken out.

(Single response)

1. Up to \$12,000
2. \$12,001 - \$20,000
3. \$20,001 - \$40,000
4. \$40,001 - \$60,000
5. \$60,001 - \$80,000
6. \$80,001 - \$100,000
7. \$100,001 - \$150,000
8. \$150,001 - \$200,000
9. More than \$200,000
10. Not stated/Prefer not to say
11. Don't know