

Beyond Bushfires: Community, Resilience and Recovery.

Adult Survey Wave 1 - 2012



To cite this survey, or to access further details and source references, please refer to the published protocol paper:

Gibbs L, Waters E, Bryant R, Pattison P, Lusher D, Harms L, Richardson J, MacDougall C, Block K, Snowdon E, Gallagher H C, Sinnott V, Ireton G, Forbes D. Beyond Bushfires: Community, Resilience and Recovery – A longitudinal mixed method study of the medium to long term impacts of bushfires on mental health and social connectedness. *BMC Public Health*. 2013; 13:1036

Available at: http://www.biomedcentral.com/content/pdf/1471-2458-13-1036.pdf

The interview script and study response options "Don't Know" and "Prefer not to answer" were included in the survey for the majority of items but are not shown in this version for the purposes of clarity and brevity.

For further information please contact:

Lisa Gibbs
Jack Brockhoff Child Health & Wellbeing Program
McCaughey VicHealth Centre for Community Wellbeing
Melbourne School of Population and Global Health
University of Melbourne

Email: lgibbs@unimelb.edu.au

		INTRODU	ICTION AND INC	LUSIO	N CRITERIA	
INTRO1	Can I confirm that you have recently received a letter from the university about this study, and you have read and understood the information it contained? 1. Yes, OK to proceed 2. No, but OK to proceed without having read information 3. No, wants a copy of the letter/information before proceeding (GOTO ALET) 4. Wants to know how they were chosen (GOTO ASELECT) 5 Stop interview, make appointment (RECORD NAME AND ARRANGE CALL BACK) 6. Respondent refusal (ATTEMPT CONVERSION / RECORD REASON) (GOTO RR1) 7. QR LOTE no follow up (GOTO ALOTE)					
ALOTE	Record language	2. A 3. C 4. N 5. T 6. S 7. C 8. G 9. S 10. C 11. D	ietnamese (GOTO referabic (GOTO TERCANTONESE (Please spector) throw.1	RM2) TERM2 RM2) ERM2) ERM2) ERM2) ERM2) ERM2)))	
RS1b	What is your date o	f birth?	 Day Month Year Year only gi 	ven		
RS2	What is your full nar	ne? 1.Title	2.First	name	3.Surname	
RS3a	Just to confirm, what 3. Axedale 7. Dederang 11. Granton 15. Kinglake We 19. Mudgegong 23. Running Cre 27. Other (specific points)	4 8 12 est 16 a 20 eek 24	town do you curre . Bruarong . Dixons Creek 2. Gundowring 6. Kinglake D. Narbethong I. Steels Creek	5. 9. 13. 17. 21.	ve in? Buxton Eildon Kancoona Koornalla Pheasant Creek Taggerty	6. Callingee10. Glen Creek14. Kinglake Central18. Marysville22. Rosewhite26. Tallarook

¹ These response options were included for the majority of items but have been removed in this version of the survey for clarity and brevity.

RS3b	And what is your street address and postcode there?					
	1.Street number and name 2.Postcode				de	
RS4a	Have you moved house since February 2009?					
	1. Yes (GOTO RS4c)	2. No (GOTO RS4b)	3. Ref	fused/Prefer not to	answer (GOTO TERM4)	
RS4b	What was your local go	vernment there?		1. Alpine		
				2. Bendigo		
			3. Latrobe4. Mitchell5. Murrindindi6. Nillumbik7. Whittlesea			
				8. Yarra Ranges	3	
				9. Other (Specif	y)	
RS4c	What suburb or town we	ere you living in, in Febru	ary 200	9?		
	3. Axedale	4. Bruarong	5.	Buxton	6. Callingee	
	7. Dederang	8. Dixons Creek	9.	Eildon	10. Glen Creek	
	11. Granton	12. Gundowring	13.	Kancoona	14. Kinglake Central	
	15. Kinglake West	16. Kinglake	17.	Koornalla	18. Marysville	
	19. Mudgegonga	20. Narbethong	21.	Pheasant Creek	22. Rosewhite	
	23. Running Creek	24. Steels Creek	25.	Taggerty	26. Tallarook	
	27. Other (specify_	_)				
RS4d	What was your street address & postcode in February 2009?					
		1. Street number & name		2. Postcode		
RS4e	What was your local go	vernment there?		1. Alpine		
				2. Bendigo		
				3. Latrobe		
				4. Mitchell		
				5. Murrindindi		
				6. Nillumbik		
				7. Whittlesea		
				8. Yarra Ranges		
				9. Other (Specify	y)	
RSTEI	*(AGREED TO RECONTACT)					
	What is the best phone number to contact you on? Do you have any alternate phone numbers also?					
	1. Record telephone					
	2. Record alte	rnate number 1				
	3. Record alte	rnate number 2				
	4. Do not wish	to be contacted by phone	е			

RSEML	Do you have an email address that you use regularly?			
	Yes (Specify)	2. No	
RSADD1	Is your postal address the same a	as your current str	eet address?	
	1. Yes	2.	No	
RSADD2	What is your postal address?			
	Street number and name	2. Suburb	3. State	4. Postcode

	MODULE A: ABOUT YOU
A 1	Are you
	1. Male
	2. Female
A2	In which country were you born?
	Australia (includes External Territories)
	2. United Kingdom (incl. England, Scotland, Wales, Northern Ireland)
	3. New Zealand
	4. Italy
	5. Greece
	6. China
	7. Vietnam
	8. Lebanon
	9. Other (Please specify)
A3	*(NOT BORN IN AUSTRALIA) What year did you first arrive in Australia to live?
	1. Year arrived
A4	Are you of Aboriginal or Torres Strait Islander origin?
	1.No^s 2.Yes, Aboriginal 3.Yes, Torres Strait Islander
A5	Do you speak a language other than English at home? 1 No, English only
	2. Arabic
	3. Cantonese
	4. Greek
	5. Italian
	6. Mandarin
	7. Vietnamese
	8. Other (Please specify)
A6	What is the highest level of education you have completed? 1. Primary school
	2. Year 7 or 8
	3. Year 9 or 10

	4. Year 11 or 12						
	5. Trade apprenticeship						
	6. Technical diploma/certificate						
	7. Tertiary degree						
	8. Post graduate degree						
	9. Other (Please specify)						
A7	Which one of the following best describes your current employment status?						
	1. Employed fulltime (incl. self-employed)						
	3. Employed part time						
	7. Student						
	2. Student and employed part-time						
	5. Home duties/not in paid employment						
	4. Not in paid employment due to my child's health						
	6. Pensioner						
	9. Self funded retiree						
	8. Other (Please specify)						
A8	Which of the following best describes your household?						
	1. A person living alone						
	4. Married or defacto couple ONLY						
	2. Married or defacto couple with one or more children living at home						
	3. A single parent with one or more children living at home						
	5. Non-related people sharing a house or flat						
	6. Another type of household (Please specify type of household)						
A9a	Including yourself, how many adults aged 18 or over usually live in your household?						
	1. Number of adults 18+ 2. (Refused) / Prefer not to answer (GOTO TS3)						
A9b	How many children aged under 18 usually live in your household?						
	1. Number of children U18 in household						

	MODULE B: SUPPORT AND ASSISTANCE
B1	We would like to ask about the local community you lived in during January 2009. Do you agree or disagree that:
	a) I feel like I belonged to this community
	b) I was very attached to the local environment and landscape
	1. Strongly agree
	2. Agree
	3. (Neither agree nor disagree)
	4. Disagree
	5. Strongly disagree

B2i	Firstly, thinking about your life at the moment, is there a person or organisation you feel particularly close to? 1.Yes 2.No
B2ii	And is there anyone else you feel particularly close to?
	1.Yes 2.No
В3	i) And what is the full name of a person (or organisation) you feel particularly close to?
	ii) And who else do you feel particularly close to?
	1. Title
	2. First name
	3. Surname
	4. (Nickname)
	5. (Feel particularly close to an organisation, not a specific person) (Please specify)
B4	Just to confirm, (Name) is
	1. Male 2. Female
B5	And what is your relationship to (Name)?
	1. Husband or Wife or Partner
	2. Relative or other family member
	3. Friend
	4. Neighbour
	5. Workmate
	6. Representative of a service or organisation (Please specify organisation)
	7. Other relationship (Please specify)
B6	Approximately how old is (Name)?
	1. Age (Please specify)
B7	Can you tell me the town or suburb where (Name lives/the organisation is located)? The full street address? 1. Town or suburb 2. Street
B8	i) Thinking about your life at the moment & including the people & organisations you've already mentioned. Do you receive practical assistance or emotional help and support from any person or
	organisation? 1. Yes 2. No
	ii) Is there anyone else or another organisation that provides you with practical assistance or emotional help &support? 1. Yes 2. No
В9	i) And what is the full name of a person who provides you with assistance or emotional support?
	ii) And who else provides you with assistance or emotional support?
	1.Title
	2.First name
	3.Surname
	4.(Nickname)
	5.(Receive assistance from an organisation, not a specific person) (Please specify organisation)
B10- CHECK	Is (Name) the same person that you mentioned earlier in the survey? 1. Yes 2.No

B10	Just to confirm, (Name) is
	1. Male 2. Female
B11	And what is your relationship to (Name)?
	1. Husband or Wife or Partner
	2. Relative or other family member
	3. Friend
	4. Neighbour
	5. Workmate
	6. Representative of a service or organisation (Please specify)
	7. Other relationship (Please specify)
B12	Approximately how old is (Name)?
	1.Age (Please specify)
B13	Can you tell me the town or suburb where (Name lives /the organisation is located)? And the full street address? 1. Town or suburb 2. Street
B14	i) Thinking about your life at the moment, (and including those you've already mentioned).
	ii) Do you provide practical assistance or emotional help and support to anyone? (Outside of your job)
	And is there anyone else you provide practical assistance or emotional support to?
	1.Yes 2.No
B15	i) And what is the full name of a person you provide assistance or emotional support to?
	ii) And who else do you provide assistance or emotional support to?
	1.Title
	2.First name
	3.Surname
	4.(Nickname)
	5.(Provide assistance to an organisation, not a specific person) (Please specify)
B16	Is (Name) the same person that you mentioned earlier in the survey?
CHECK	1.Yes 2.No
B16	Just to confirm, (Name) is
	1. Male 2. Female
B17	And what is your relationship to (Name)?
	Husband or Wife or Partner
	2. Relative or other family member
	3. Friend
	4. Neighbour
	5. Workmate
	6. Representative of a service or organisation (Please specify organisation)
	7. Other relationship (Please specify)

B18	Approximately how old is (Name)?			
	1.Age			
B19	Can you tell me the town or suburb where (Name lives/organisation located)? The full street address?			
	1. Town or suburb 2. Street			
B21	i) Thinking about your life at the moment, is there a person or organisation that makes you feel upset, or makes it difficult for you to receive practical assistance?			
	ii) And is there anyone else who makes you feel upset or makes it difficult for you to receive practical assistance? 1.Yes 2.No			
B22	i) What is the full name of a person who makes you feel upset or makes it difficult for you to receive practical assistance?			
	ii) And who else makes you feel upset or makes it difficult for you to receive practical assistance?			
	1.Title			
	2.First name			
	3.Surname			
	4.(Nickname)			
	5.(Feel upset/don't get assistance from an organisation, not a specific person) (Specify)			
B23	Is (Name) the same person that you mentioned earlier in the survey?			
CHECK	1.Yes 2.No			
B23	Just to confirm, (First Name/Title Surname/Nickname) is			
	1.Male 2.Female			
B24	And what is your relationship to (First Name/Title Surname/Nickname)?			
	1. Husband or Wife or Partner			
	2. Relative or other family member			
	3. Friend			
	4. Neighbour			
	5. Workmate			
	6. Representative of a service or organisation (Please specify organisation)			
	7. Other relationship (Please specify)			
B25	Approximately how old is (First Name/Title Surname/Nickname)?			
	1.Age			
B26	Can you tell me the town or suburb where (Name lives/the organisation is located)? And the full street address? 1. Town or suburb 2. Street			

	MODULE C: COMMUNITY ORGANISATIONS & SOCIAL N	ETWORKING	
C1	i) Just to confirm, are you involved with any community organisations?	1.Yes	2.No
	ii) Are you involved with any other community organisations? 1.Yes	2.No	

C2	i) Starting with the organisation you are MOST involved with, what is the name of that organisation and how long have you been involved with them?						
	ii) What is the name of that organisation and how long have you been involved with them?						
	Please include groups such as the CFA and Rotary, sporting clubs, cultural groups, churches, informal groups and any fire-related groups.						
	1.Name of organisation						
	2.Days involved						
	3.Weeks involved						
	4.Months involved						
	5.Years involved						
С3	Please select a number between 0 and 10, where 0 means not at all and 10 means very important. How important is social networking media, such as Facebook and Twitter, to you?						
	0. Not at all - 10. Very important						

	MODULE D: ABOUT THE FIRES					
D1	Compared with February 2009, how would you rate your fire preparedness now?					
	1.The same 2.Higher or 3.Lower					
D2	Please select a number between 0 and 10, where 0 means not at all and 10 means absolutely. How much do you think the local area or town you live in is at risk of bushfire?					
	0. Not at all at risk - 10. Absolutely at risk					
D3	Have you ever been involved in formal sessions or training programs delivered by agencies such as the CFA, SES or DSE relating to fire behaviour or preparedness? For example, the Community Fireguard program. 1.Yes 2.No					
D4a	And did you receive this training before February 2009 or after February 2009 (or both?)					
	1.Before February 2009					
	2.After February 2009					
	3.Both before and after February 2009					
D4b	Which of the following are your preferred sources of information about fires?					
	1. The CFA or DSE website					
	2. The 'Victorian Bushfire Information Line'					
	3. Community Information Meetings					
	4. 'Community Fireguard Phone Trees'					
	5. ABC Radio					
	6. Commercial radio					
	7. Word of mouth					
	8. Something else (specify)					
D5	At the time of the February 2009 bushfires were you living in a region directly affected by the fires? (i.e. Did the fire go through your local area or community?) 1.Yes 2.No					

D7	Were you or someone close to you at personal risk during the February 2009 bushfires? 1.Yes 2.No
D8	Did you fear for your life? 1.Yes 2.No
D9	Did you fear for the life of your family or close friends? 1.Yes 2.No
D10	Were you separated from close family members during the fires? 1.Yes 2.No
D11	How long until all of the people you were separated from were accounted for?
	1.Less than 1 hour
	2.1 to 2 hours
	3.3 to 6 hours
	4.7 to 12 hours
	5.13 to 24 hours
	6.1 to 2 days
	7.More than 2 Days
	8.(Never reunited)
	9.(Knew their whereabouts/remained in contact)
D12	What level of stress was caused by being separated from your family?
	0.Not at all stressful - 10.Extremely stressful
D13	How did you find out about the whereabouts of your family? (Accept multiples)
	1. Phone contact
	2. Face-to-face (physical contact)
	3. Through Red Cross
	4. Internet/email/social media
	5. Word of mouth
	6. Other (Please specify)
	7. (Didn't find my family)^s
D14	I appreciate that this is a difficult question but did someone close to you die as a result of the February 2009 bushfires? 1.Yes 2.No
D15	And what was their relationship to you (the person or people who have died)? Were they your?
	1. Husband or Wife
	2. Partner or de facto
	3. Child
	4. Stepchild
	5. Parent
	6. Grandparent
	7. Brother or sister
	8. Other relative
	9. Friend or flatmate
	10. Other (Please specify)
D16	Has anyone(else) close to you died since Feb 2009, but not as a result of the bushfire? 1.Yes 2.No

D17	And what was their relationship to you (the person or people who have died)?
	1. Husband or Wife
	2. Partner or de facto
	3. Child
	4. Stepchild
	5. Parent
	6. Grandparent
	7. Brother or sister
	8. Other relative
	9. Friend or flatmate
	10. Other (Please specify)
D18	How much did you lose in the fires in terms of personal or business property or possessions?
	0.Nothing - 10.Everything
D19	Did you lose any animals in the fires? 1.Yes 2.No
D20	What level of stress was caused by losing the animals? 0.Not at all stressful - 10.Extremely stressful
D21	How comfortable do you feel about the choices you made on the day?
	0.Not at all comfortable - 10.Very comfortable
D22	How much control did you have in the choices that were made on the day?
	0.No control - 10.Full control
D23	Were you allocated a Victorian Bushfire Case Manager as a result of the fires? 1.Yes 2.No
D24	How helpful was it to have a Victorian Bushfire Case Manager?
	0. Not at all helpful - 10.Extremely helpful
D25a)	After the fires did you
	Live in temporary accommodation or rebuild 1.Yes 2.No
D25b)	Make an insurance claim 1.Yes 2.No
D25c)	Apply for a bushfire related grant from the government 1.Yes 2.No
D26	Please indicate what level of stress this caused.
D27	What was the most useful thing for you in terms of support?
	1. Please specify ()
	2. (Didn't get any support)
	3. (Didn't find anything useful)
	4. (Did not need any support)
D28	In the first six months after the firesWhat caused the biggest problem for you?
	1. Please specify () 2. (Nothing / no problems)

D29	Since February 2009, have you personally experienced?		
	a) A natural disaster (not including the fires of January and February 2009). 1.Yes 2.No		
	b) A ser	ious accident 1.Yes 2.No	
	c) Assau	ult or violence 1.Yes 2.No	
	d) Chan	ge of income 1.Yes 2.No	
	e) Chan	ge of employment status (e.g. hours worked) 1.Yes 2.No	
	f) Chan	ge of occupation 1.Yes 2.No	
	g) Chan	ge of accommodation 1.Yes 2.No	
	h) Chan	ge of health 1.Yes 2.No	
	i) Chang	ge of relationship 1.Yes 2.No	
	j) Or, an	y other significant life event? (Please specify) 1.Yes 2.No	
D30	How stressful is that	t for you now? 0. Not at all stressful - 10.Extremely stressful	
D31	Would you describe the outcome of (this event/any of these events) as positive for you now?		
	Please select the ev	vent if it applies/any events that apply	
	a)	Natural disaster	
	b)	Serious accident	
	c)	Assault or violence	
	d)	Change of income	
	e)	Change of employment status (eg hours worked)	
	f)	Change of occupation	
	g)	Change of accommodation	
	h)	Change of health	
	i)	Change of relationship	
	j)	DISPLAY VERBATIM FROM D29	
	I)	(I wouldn't describe this event / any of these events as positive now)	

		MODULE E:	HEAL.	ТН
E1	In general, would yo	u say your health is	1.	Excellent
			2.	Very good
			3.	Good
			4.	Fair
			5.	Poor
E2	Have you ever been	told by a doctor that you ha	ve any of	the following conditions?
	1.	Heart disease (angina, h	eart failuı	re, heart attack)
	2.	Asthma		
	3.	Stroke		
	4.	Cancer		
	5.	Diabetes		
	6.	Arthritis		

	7.	Dermatitis				
	8.	Emphysema				
	9.	Back problems, chronic back p	ain or sci	atica		
	10.	High cholesterol				
	13.	(None of these conditions)^s				
E3		s, how much were you bothered because it experience from the past?	y repeaton 1.		urbing memories, thoughts, or at all	
			2.	A lit	tle bit	
			3.	Mod	derately	
			4.	Qui	te a bit	
			5.	Extr	emely	
E4	And were these read	tions about the fires? 1.Yes	2.No	0		
E5		s, how much were you bothered be eathing, or sweating when someth Not at all				m
	2.	A little bit				
	3.	Moderately				
	4.	Quite a bit				
	5.	Extremely				
E 6	And did these happe	en after reminders of the fires?	I.Yes	2.N	0	
E7		s, how much were you bothered b ressful experience from the past?		g activi	ties or situations because they Not at all	y
				2.	A little bit	
				3.	Moderately	
				4.	Quite a bit	
				5.	Extremely	
E8	And were you avoidi	ng things that remind you of the fi	res? 1	.Yes	2.No	
E9	In the last four week	s, how much were you bothered b	y having	difficult	y concentrating?	
	1.	Not at all				
	2.	A little bit				
	3.	Moderately				
	4.	Quite a bit				
	5.	Extremely				
E10	In the last two weeks	s, have you been bothered by				
	a) Little inte	rest or pleasure in doing things				
	b) Feeling of	down, depressed, or hopeless				
	c) Trouble f	alling or staying asleep OR sleepi	ng too m	uch		
	d) Feeling t	ired or having little energy				
	e) Poor app	etite OR overeating				
	f) Feeling b	oad about yourself or that you are	a failure	or have	let yourself or your family dov	٧n
	, , , , , , , , , , , , , , , , , , , ,	,				

	g) Trouble concentrating on things, such as reading the newspaper or watching television
	h) Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual
	i) Thoughts that you would be better off dead or of hurting yourself in some way
	1. Yes 2. No
E11	And were you bothered by this problem
	1.Several days in the last two weeks
	2.More than half of the days in the last two weeks
	3.Nearly every day in the last two weeks
E12	During the past 30 days about how often did you feel nervous? 1.All 2.Most 3.Some 4.A little 5.None
E13	During the past 30 days about how often did you feel hopeless? 1.All 2.Most 3.Some 4.A little 5.None
E14	During the past 30 days about how often did you feel restless or fidgety?
	1. All 2. Most 3. Some 4. A little 5. None
E15	During the past 30 days about how often did you feel so depressed that nothing could cheer you up?
	1. All 2. Most 3. Some 4. A little 5. None
E16	During the past 30 days about how often did you feel that everything was an effort?
	1. All 2. Most 3. Some 4. A little 5. None
E17	During the past 30 days about how often did you feel worthless?
	1. All 2. Most 3. Some 4. A little 5. None
E18	How many days out of the past 30 were you totally unable to work or carry out your normal activities because of (this feeling / these feelings)? 1. Number of days
E19	(Not counting that day/those days) How many days out of the past 30 were you able to do only half or
	less of what you would normally have been able to do because of these feelings?
	1. Number of days
E20	During the past 30 days, how many times did you see a doctor or other health professional about these feelings?
	1. Number of times
E21	In the last four weeks, how often have you
	a) Overreacted with anger or rage to minor frustrations or trivial issues?
	b) Exploded with verbal or physical aggression because of anger?
	5. All of the time
	4. Most of the time
	3. Some of the time
	2. A little of the time
	1. None of the time
E22	How often do you have a drink containing alcohol? (A standard drink is 1 pot of standard beer, 1 glass of wine, 1 glass of sherry or port, or 1 nip of spirits.)
	1. Never
	2. Once a MONTH or less

	3.	2 to 4 tin	nes a MONTH		
	4.	2 to 3 tim	nes a WEEK		
	5.	4 or more	e times a WEEK		
E23	How many 'standa	rd' drinks con	taining alcohol do	you have on a typica	al day when you are drinking?
		1.	One or two		
		2.	Three or four		
		3.	Five or six		
		4.	Seven to nine		
		5.	Ten or more		
E24	How often do you	have six or m	ore standard drink	s on one occasion?	1.Never
					2.Less than once a month
					3.Monthly
					4.Weekly
					5.Daily or almost daily
CAWIE 25	You have mention little bit more about			to you in the fires, a	nd we would like to ask you a
				1.Yes	2.No
E26	In the past month, lost?	how often ha	ve you felt yourse	If longing or yearning	for the person (people) you
		1.	Not at all in th	e past month	
		2.	At least once i	n the past month	
		3.	At least once a	a week	
		4.	At least once a	a day	
		5.	Several times	a day	
E27	In the past month, related to the lost i			e feelings of emotion	al pain, sorrow, or pangs of grief
			1.	Not at all in the pa	st month
			2.	At least once in the	e past month
			3.	At least once a we	ek
			4.	At least once a da	у
			5.	Several times a da	ау
E28	Has this (feelings	of grief or sorr	ow) been happen	ing for at least 6 mor	nths? 1.Yes 2.No
E29a)	We're now going to	o ask you son	ne questions abou	ıt how you currently f	eel about your loss.
	Have you had trou	ble accepting	the loss?		
			1.	Not at all	
			2.	Slightly	
			3.	Somewhat	
			4.	Quite a bit	
			5.	Overwhelmingly	

E29b)	Do you feel bitter over your loss?	1. Not at all
		2. Slightly
		3. Somewhat
		4. Quite a bit
		5. Overwhelmingly
E29c)	Do you feel that moving on (e.g. r	naking new friends, pursuing new interests) would be difficult for you
	now? 1.	Not at all
	2.	Slightly
	3.	Somewhat
	4.	Quite a bit
	5.	Overwhelmingly
E29d)	Do you feel that life is unfulfilling,	empty, or meaningless since your loss?
		1. Not at all
		2. Slightly
		3. Somewhat
		4. Quite a bit
		5. Overwhelmingly
E30a)	I am able to adapt to change	0. Not true at all
		1. Rarely true
		2. Sometimes true
		3. Often true
		4. True nearly all of the time
E30b)	I tend to bounce back after illness	or hardship 0. Not true at all
		Rarely true
		Sometimes true
		Often true
		 True nearly all of the time
E31	For the following items the respor	nse options are: 1.Not at all - 4.Moderately - 7.Very much
	a) I worry ab	out being abandoned
	b) I am very	comfortable being close
	c) I worry a lo	ot about my relationships
	d) I worry that	at others won't care as much as I do
	e) I worry a fa	air amount about losing others
	f) I don't fee	comfortable opening up to others
	g) I want to g	et close, but I keep pulling back
	h) I get nervo	ous when others get too close to me
		tting too close to others
	j) I find it diff	icult to depend on others

k)	If I can't get others to show interest in me, I get upset
I)	When I am not involved in a relationship, I feel insecure
m)	There is at least one person in my life that I really trust

	MODULE F: SATISFACTION WITH LIFE AND SPIRITUALITY				
F1a	How satisfied are you with your life as a whole at the moment? 0. Completely dissatisfied - 10. Completely satisfied				
F1b	How satisfied do you believe people in your community are with their life as a whole at the moment? 0. Completely dissatisfied - 10. Completely satisfied				
F2	How satisfied were you with your life as a whole before February 2009? 0. Completely dissatisfied - 10. Completely satisfied				
F3	How satisfied do you expect to be with your life as a whole in a year's time? 0. Completely dissatisfied - 10. Completely satisfied				
F4	How much does your religion or spirituality help you in times of stress? 0. No help at all - 10. Extremely helpful 13. Atheist/no religion				

	MODULE H: MY COMMUNITY					
H1	How strongly do you agree or disagree with the following statements					
	a) I plan to remain a resident of this community for a number of years					
	b) I regularly stop and talk with people in my community					
	c) I think I agree with most people in my community about what is important in life					
	d) I would be willing to work together with others on something to improve my community					
	e) I feel like I belong to this community					
	f) I am very attached to the local environment and landscape					
	1. Strongly disagree 2. Disagree 3. Neither agree nor disagree 4. Agree 5. Strongly agree					
H2	What do you like LEAST about your local community?					
	1. Please specify ()					
	2. There is nothing I like least about my local community					
Н3	What do you like MOST about your local community?					
	1. Please specify ()					
	2. There is nothing I like most about my local community					

	MODULE I: RECONTACT
I1	We would really like to get back in touch in around two years to see how things are going and to complete the next survey. Would you be willing to be contacted again? 1.Yes 2. No
12	And are you happy to be contacted about any future research projects that may arise within this or related studies? Just to remind you, you are under no obligation to join these projects. 1.Yes 2. No
13	We would like to send people occasional updates about the study. Would you like us to send these to email or post? 1.Email 2.Post 3.No preference 13.Prefer not to receive updates
14	And your MAIN email address is 1. Email (Please specify)
15	Is your postal address the same as your street address? 1.Yes 2. No
16	And your postal address is? 1. Street number and name 2. Suburb 3. State 4. Postcode
17	What is the best phone number to contact you on?
	1.Phone Number 2.Do not wish to be contacted by phone
18	And if we want to contact you about the research is it best to call, email or send you a letter? 1. Call 2. Email 3. Post 4. No preference
19	We'd also like to get the name and phone number of someone who doesn't live with you who might be able to help us find you if you should move over the next two years. We'll only contact this person if we can't get hold of you at the number you've just given us. Who would be the most appropriate person to contact? 1. Mother 2. Father 3. Sister 4. Brother 5. Son 6. Daughter 7. Friend 8. Other (Please specify) 9. No need to give alternative contact person / not moving anywhere
l10	RECORD DETAILS OF CONTACT PERSON. This information will not be used for any other purpose than to re-contact you for a follow-up interview. 1. First Name 2. Phone Number
I11	You mentioned earlier that there are (INSERT NUMBER FROM A9b) children aged under 18, living in your household. How many of those children are you the parent or legal guardian of? enter '0' for None/no children U18 1. Parent / Guardian of children U18 in my household (Record number) 2. (Refused) / Prefer not to answer

I12i	Just thinking about (this child/those children). What is the date of birth of (this child/the you							
	1.Day	2.Month	3.Year	4.Year or	nly given			
l12ii	And what is the date of birth of the next youngest child aged under 18?							
	1.Day	2.Month	3.Year	4.Year only	y given			
l12a	What is that child's name?							
	2.First name 3.Surname							
l12b	And is (NAME)	1. Male	2. Femal	e				
I12c	Which of the following best describes (NAME)'s current schooling or other activities?							
	1.Preparatory/Prep 2.Grade 1				3.Grade 2			
	4.Grade 3	5.Grade 4			6.Grade 5			
	7.Grade 6	8.Year 7			9.Year 8			
	10.Year 9	11.Year 10			12.Year 11			
	13.Year 12	13.Year 12 14.Special development school				15.Home schooling		
	16.Studying – adult education e.g. TAFE/University				17.Not attending/Dropped out of school			
	18.Working/Apprenticeship 19.Other (specify)							
I13a	As part of this study, we also have a survey for children under 18, who are old enough to go to secondary school. Do you agree for us to contact (child1, child2, child3, etc) by mail, to invite them to do a survey with similar questions to the ones you have just answered, but more suited to their age?							
	1. Okay to contact <schild1 firstname=""></schild1>							
	2. Okay to contact	kay to contact <schild2 firstname=""></schild2>						
	3. Okay to contact <schild3 firstname=""></schild3>							
	4. Okay to contact <schild4 firstname=""></schild4>							
	5. No, don't contact my secondary school aged child/any of my secondary school aged children							
l13b	Is your postal address the same as your street address?							
					1. Yes	2. No		
I13c	And your postal address is?							
	1. Stre	et number and	name	2. Suburb	3. State	4. Postcode		
l14	(Thank you for allowing us to contact your secondary school aged (child/ren).) Do you agree to complete a short survey on behalf of your primary school aged (child/children)? 1. Yes 2. No							