



**Beyond Bushfires: Community, Resilience and
Recovery.**

**Adult Survey
Wave 2 – 2014**



**THE UNIVERSITY OF
MELBOURNE**

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.

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INTRODUCTION AND INCLUSION CRITERIA

INTRO1a	Can you confirm that you are (FIRSTNAME LASTNAME)? <ol style="list-style-type: none"> 1. Yes 2. No
INTRO1b	Have you read and understood the information about this study, contained in your invitation letter? <ol style="list-style-type: none"> 1. Yes 3. No, I haven't read the information, please show me the information sheet
RS3C	Do you still live at (CURRENT STREET NUMBER, NAME, and SUBURB)? <ol style="list-style-type: none"> 1. Yes 2. No
RS3b	<i>*ONLY ASKED IF CHANGE OF ADDRESS.</i> What is your current street address, suburb and postcode? <ol style="list-style-type: none"> 1. Street number and name (Specify_____) 4. Suburb (Specify___) 2. Postcode (Specify_____)

MODULE A: ABOUT YOU

A6	What is the highest level of education you have completed? <ol style="list-style-type: none"> 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 (Specify_____)
A7	Which one of the following best describes your current employment status? <ol style="list-style-type: none"> 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 (Specify_____)
A10	Over the past year, have any of the following happened to (you/your household) because of shortage of money? <ol style="list-style-type: none"> 1. Could not pay electricity, gas or telephone bills on time. 2. Could not pay for car registration or insurance on time. 3. Pawned or sold something. 4. Went without meals. 5. Unable to heat my home. 6. Sought assistance from welfare/community organisations. 7. Sought financial help from friends or family. 8. No / None of these.

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 (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: SOCIAL NETWORKING

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
B3i B3ii	What is the full name of a person (or organisation) you feel particularly close to? Who else do you feel particularly close to? <i>If you don't know the person's first name, please enter their title and surname.</i> 1. Title 2. First name 3. Surname 4. (Nickname) 5. (Feel particularly close to an organisation, not a specific person) (Specify_____)
B3iiiC	Instead of a specific name, can you please provide a nickname for this person? It is only important that this name be meaningful to you, so we can still collect some general information about the people you are connected to. 1. Yes (Specify_____) 2. No
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 (Specify organisation_____) 7. Other relationship (Specify_____)
B6	Approximately how old is (Name)? 1. Age (Specify_____)

B7	<p>Can you tell me the town or suburb where (Name lives/the organisation is located)? And the full street address?</p> <p>1. Town or suburb 2. Street Number 3. Street Name</p>
B8i	<p>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?</p> <p>1. Yes 2. No</p>
B8ii	<p>Is there anyone else or another organisation that provides you with practical assistance or emotional help and support?</p> <p>1. Yes 2. No</p>
B9i	<p>What is the full name of a person who provides you with assistance or emotional support?</p>
B9ii	<p>Who else provides you with assistance or emotional support? If you don't know the person's first name, please enter their title and surname.</p> <p>1. Title 2. First name 3. Surname 4. (Nickname) 5. (Receive assistance from an organisation, not a specific person) (Specify organisation___)</p>
B9iiC	<p>Instead of a specific name, can you please provide a nickname for this person? It is only important that this name be meaningful to you, so we can still collect some general information about the people you are connected to.</p> <p>1. Yes (Specify_____) 2. No</p>
B10	<p>Just to confirm, (Name) is.....</p> <p>1. Male 2. Female</p>
B11	<p>And what is your relationship to (Name)?</p> <p>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 (Specify_____) 7. Other relationship (Specify_____)</p>
B12	<p>Approximately how old is (Name)?</p> <p>1. Age (Specify_____)</p>
B13	<p>Can you tell me the town or suburb where (Name lives /the organisation is located)? And the full street address?</p> <p>1. Town or suburb 2. Street Number 3. Street Name</p>
B14i	<p>Thinking about your life at the moment, (and including those you've already mentioned). Do you provide practical assistance or emotional help and support to anyone? (Outside of your job)</p> <p>1. Yes 2. No</p>
B14ii	<p>And is there anyone else you provide practical assistance or emotional support to?</p> <p>1. Yes 2. No</p>

B15i	What is the full name of a person you provide assistance or emotional support to?
B15ii	And who else do you provide assistance or emotional support to? If you don't know the person's first name, please enter their title and surname. 1. Title 2. First name 3. Surname 4. (Nickname) 5.(Provide assistance to an organisation, not a specific person) (Specify_____)
B15iii	Instead of a specific name, can you please provide a nickname for this person? <i>It is only important that this name be meaningful to you, so we can still collect some general information about the people you are connected to.</i> 1. Yes (Specify_____) 2. No
B16	Just to confirm, (Name) is 1. Male 2. Female
B17	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 (Specify organisation_____) 7. Other relationship (Specify_____)
B18	Approximately how old is (Name)? 1.Age (Specify_____)
B19	Can you tell me the town or suburb where (Name lives/organisation located)? The full street address? 1. Town or suburb 2. Street Number 3. Street Name
B21i	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?
B21ii	Is there anyone else who makes you feel upset or makes it difficult for you to receive practical assistance? 1.Yes 2.No
B22i	What is the full name of a person who makes you feel upset or makes it difficult for you to receive practical assistance?
B22ii	Who else makes you feel upset or makes it difficult for you to receive practical assistance? If you don't know the person's first name, please enter their title and surname. 1.Title 2.First name 3.Surname 4.(Nickname) 5.(Feel upset/don't get assistance from an organisation, not a specific person) (Specify _____)
B22iii	Instead of a specific name, can you please provide a nickname for this person? 1. Yes (Specify_____) 2. No
B23	Just to confirm, (First Name/Title Surname/Nickname) is 1.Male 2.Female

B24	<p>And what is your relationship to (First Name/Title Surname/Nickname)?</p> <ol style="list-style-type: none"> 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 (Specify organisation_____) 7. Other relationship (Specify_____)
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B25	<p>Approximately how old is (First Name/Title Surname/Nickname)?</p> <p style="text-align: right;">1.Age (Specify_____)</p>
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B26	<p>Can you tell me the town or suburb where (Name lives/the organisation is located)? And the full street address?</p> <p style="text-align: center;">1. Town or suburb 2. Street Number 3. Street Name</p>
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MODULE C: COMMUNITY ORGANISATIONS

C1i	<p>Just to confirm, are you involved with any community organisations? 1.Yes 2.No</p>
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C1ii	<p>Are you involved with any other community organisations? 1.Yes 2.No</p>
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C2i	<p>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?</p>
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C2ii	<p>What is the name of that organisation and how long have you been involved with them?</p>
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C2iii	<p>What is the location of this organisation (i.e. the town or suburb where this group usually meets)? Please include groups such as the CFA and Rotary, sporting clubs, cultural groups, churches, informal groups and any fire-related groups.</p> <ol style="list-style-type: none"> 1. Name of organisation 2. Location (Specify_____) 3. Days involved 4. Weeks involved 5. Months involved 6. Years involved
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MODULE D: ABOUT THE FIRES

D32a	<p><i>We would like to ask you about any actions your household has taken in regards to fire preparedness...</i></p> <p>Does your household have a fire plan?</p> <p>Has your household written down its fire plan?</p> <p>Has your household practised its fire plan?</p> <p style="text-align: right;">1.Yes 2. No</p>
D32b	
D32c	

D2	<p>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?</p> <p style="text-align: center;">0. Not at all at risk - 10. Absolutely at risk</p>
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D4b	<p>Which of the following are your preferred sources of information about fires?</p> <ol style="list-style-type: none"> 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_____)
D29	<p>Since [<i>date of previous survey</i>] have you personally experienced...?</p> <ol style="list-style-type: none"> k) Exposure to another fire experience (not including the fires of January and February 2009) l) Other natural disaster (not including the fires of January and February 2009) m) A serious accident c) Assault or violence d) Change of income e) Change of employment status (e.g. hours worked) f) Change of occupation g) Change of accommodation h) Change of health i) Change of relationship n) A feeling of being threatened by your partner or ex-partner or another family/household member? j) Or, any other significant life event? (Specify_____) <p style="text-align: center;">1.Yes 2.No</p>
D30	<p>How stressful is that for you now?</p> <p style="text-align: center;">0. Not at all stressful - 10.Extremely stressful</p>
D31	<p>Would you describe the outcome of (this event/any of these events) as positive for you now? <i>Please select the event if it applies/any events that apply</i></p> <ol style="list-style-type: none"> 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 o) Threatened by partner/ex-partner or another family/household member. j) DISPLAY VERBATIM FROM D29 l) (I wouldn't describe this event / any of these events as positive now)
MODULE E: HEALTH	
E1	<p>In general, would you say your health is...</p> <ol style="list-style-type: none"> 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor

E2	<p>Have you ever been told by a doctor that you have any of the following conditions?</p> <ol style="list-style-type: none"> 1. Heart disease (angina, heart failure, heart attack) 2. Asthma 3. Stroke 4. Cancer 5. Diabetes 6. Arthritis 7. Dermatitis 8. Emphysema 9. Back problems, chronic back pain or sciatica 10. High cholesterol 13. (None of these conditions)^{^s}
E3	<p>In the last four weeks, how much were you bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</p> <ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely
E4	<p>And were these reactions about the fires?</p> <p style="text-align: center;">1.Yes 2.No</p>
E4a	<p><i>IF D29=C,K,L AND/OR M=1 AND E4=1.</i> Were these reaction also about having experienced [<i>INSERT C,K,L AND/OR M</i>] since the last interview?</p> <p style="text-align: center;">1. Yes 2. No</p>
E5	<p>In the last four weeks, how much were you bothered by having physical reactions such as heart pounding, trouble breathing, or sweating when something reminded you of a stressful experience from the past?</p> <ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely
E6	<p>And did these happen after reminders of the fires?</p> <p style="text-align: center;">1.Yes 2.No</p>
E6a	<p>And did these happen after reminders of [<i>INSERT D29=C,K,L AND/OR M</i>] since the last interview?</p> <p style="text-align: center;">1. Yes 2. No</p>
E7	<p>In the last four weeks, how much were you bothered by avoiding activities or situations because they reminded you of a stressful experience from the past?</p> <ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely
E8	<p>And were you avoiding things that remind you of the fires?</p> <p style="text-align: center;">1.Yes 2.No</p>

E8a	Did you also avoid these things because they remind you of [INSERT D29=C,K,L AND/OR M] since the last interview? 1. Yes 2. No
E9	In the last four weeks, how much were you bothered by having difficulty concentrating? 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely
E10a E10b E10c E10d E10e E10f E10g E10h E10i	<i>In the last two weeks, have you been bothered by...</i> Little interest or pleasure in doing things Feeling down, depressed, or hopeless Trouble falling or staying asleep OR sleeping too much Feeling tired or having little energy Poor appetite OR overeating Feeling bad about yourself or that you are a failure or have let yourself or your family down Trouble concentrating on things, such as reading the newspaper or watching television 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 Thoughts that you would be better off dead or of hurting yourself in some way 1. Yes 2. No
E11	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 (Specify____)

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
E32	Has anyone advised you to seek professional help for managing these feelings? 1. Yes 2. No
E33	Please select who has advised you to seek help (<i>can select more than one</i>) 1. General Practitioner 2. Partner 3. Other family member 4. Friend 5. Other (Specify____)
E34	Have you seen a professional about these feelings in the last 6 months? 1. Yes 2. No
E35	Which of the following professionals have you seen about these feelings? 1. General Practitioner 2. Psychiatrist 3. Psychologist 4. Mental Health Nurse 5. Other professional providing mental health services including a social worker, counselor, occupational therapist 6. Complementary/Alternative therapist. eg Masseur, Reiki. (<i>Specify____</i>) 7. Other (please specify)
E36	And how many times in the last 6 months have you seen [code from E35]? Number of times_____ (Range 0 to 100)
E37	How satisfied are you with the professional care you received? 1. Very dissatisfied; 2. Dissatisfied; 3. Neither satisfied not dissatisfied 4. Satisfied 5. Very satisfied
E38	Why did you decide not to seek professional help? 1. Didn't feel I needed it 2. Have been unhappy with previous experiences seeking professional support 3. Don't want to talk about my feelings 4. Can't afford it 5. Service location is inconvenient 6. Other (please specify)

E39a E39b E39c E39d E39e	<p>I found myself getting angry at people or situations When I got angry, I got really mad When I got angry, I stayed angry When I got angry at someone I wanted to hit them My anger prevented me from getting along with people as well as I'd have liked to</p> <ol style="list-style-type: none"> 1. None of the time or almost none of the time 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time or almost all of the time
E21a E21b	<p><i>In the last four weeks, how often have you...</i> Overreacted with anger or rage to minor frustrations or trivial issues? Exploded with verbal or physical aggression because of anger?</p> <ol style="list-style-type: none"> 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	<p>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.)</p> <ol style="list-style-type: none"> 1. Never 2. Once a MONTH or less 3. 2 to 4 times a MONTH 4. 2 to 3 times a WEEK 5. 4 or more times a WEEK
E23	<p>How many 'standard' drinks containing alcohol do you have on a typical day when you are drinking?</p> <ol style="list-style-type: none"> 1. One or two 2. Three or four 3. Five or six 4. Seven to nine 5. Ten or more
E24	<p>How often do you have six or more standard drinks on one occasion?</p> <ol style="list-style-type: none"> 1. Never 2. Less than once a month 3. Monthly 4. Weekly 5. Daily or almost daily
E40	<p>Have you ever had someone close to you die?</p> <ol style="list-style-type: none"> 1. Yes, one person 2. Yes, more than one person 3. No
E41a	<p>In which year did this person die? If you can't remember please take a guess.</p> <ol style="list-style-type: none"> 1. Year_____
E41b	<p>Thinking about the loss which had the most impact on your life, in which year did this person die? If you can't remember please take a guess.</p> <ol style="list-style-type: none"> 1. Year_____

E42	<p>And what was their relationship to you (the person who has died)?</p> <ol style="list-style-type: none"> 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 housemate 10. Other (Specify_____)
E43	<p>How did that person die?</p> <ol style="list-style-type: none"> 1. Sudden illness 2. Chronic illness 3. Accident 4. Homicide 5. Suicide 6. In the Victorian 2009 bushfires 7. Other (please specify)
E25	<p><i>We would like to ask you a few more questions about this person who has died. Is that okay with you?</i></p> <ol style="list-style-type: none"> 1. Yes 2. No
E26	<p>In the past month, how often have you felt yourself longing or yearning for the person(people) you lost?</p> <ol style="list-style-type: none"> 1. Not at all in the past month 2. At least once in the past month 3. At least once a week 4. At least once a day 5. Several times a day
E27	<p>In the past month, how often have you had intense feelings of emotional pain, sorrow, or pangs of grief related to the lost relationship(s)?</p> <ol style="list-style-type: none"> 1. Not at all in the past month 2. At least once in the past month 3. At least once a week 4. At least once a day 5. Several times a day
E28	<p>Has this (feelings of grief or sorrow) been happening for at least 6 months?</p> <ol style="list-style-type: none"> 1. Yes 2. No
E29a E29b E29c E29d	<p><i>We're now going to ask you some questions about how you currently feel about your loss.....</i></p> <p>Have you had trouble accepting the loss?</p> <p>Do you feel bitter over your loss?</p> <p>Do you feel that moving on (e.g. making new friends, pursuing new interests) would be difficult for you now?</p> <p>Do you feel that life is unfulfilling, empty, or meaningless since your loss?</p> <ol style="list-style-type: none"> 1. Not at all 2. Slightly 3. Somewhat 4. Quite a bit 5. Overwhelmingly

E30a	I am able to adapt to change
E30b	I tend to bounce back after illness or hardship 0. Not true at all 1. Rarely true 2. Sometimes true 3. Often true 4. True nearly all of the time
E31a	<i>The next questions are about how you find dealing with others, please select a number between 1 & 7.</i> I worry about being abandoned
E31b	I am very comfortable being close
E31c	I worry a lot about my relationships
E31d	I worry that others won't care as much as I do
E31e	I worry a fair amount about losing others
E31f	I don't feel comfortable opening up to others
E31g	I want to get close, but I keep pulling back
E31h	I get nervous when others get too close to me
E31i	I avoid getting too close to others
E31j	I find it difficult to depend on others
E31k	If I can't get others to show interest in me, I get upset
E31l	When I am not involved in a relationship, I feel insecure
E31m	There is at least one person in my life that I really trust 1. Not at all - 4. Moderately - 7. Very much
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
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
F5	How much do you agree or disagree that your spirituality is connected to the environment? 1. Strongly disagree, 2. Disagree, 3. Neither agree or disagree, 4. Agree, 5. Strongly agree
MODULE H: MY COMMUNITY	
	<i>How strongly do you agree or disagree with the following statements..</i>
H1a	I plan to remain a resident of this community for a number of years
H1b	I regularly stop and talk with people in my community
H1c	I think I agree with most people in my community about what is important in life
H1d	I would be willing to work together with others on something to improve my community
H1e	I feel like I belong to this community
H1f	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

H4a	I am unhappy with the way the natural environment has changed because of the Victorian 2009 bushfires.
H4b	Seeing the recovery of the natural environment since the Victorian 2009 bushfires has a positive effect on me. 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree
H2	What do you like LEAST about your local community? 1. (Specify____) 2. There is nothing I like least about my local community
H3	What do you like MOST about your local community? 1. (Specify____) 2. There is nothing I like most about my local community
H5a H5b H5c H5d H5e H5f H5g H5h H5i H5j	<i>For the following statements, please select a number between 1 and 6.</i> I changed my priorities about what is important in life I have a greater appreciation for the value of my own life I am able to do better things with my life I have a better understanding of spiritual matters I have a greater sense of closeness with others I established a new path for my life I know better that I can handle difficulties I have a stronger religious faith I discovered that I'm stronger than I thought I was I learned a great deal about how wonderful people are 1. I did not experience this change as a result of the Victorian 2009 bushfires. 2. I experienced this change to a very small degree as a result of the Victorian 2009 bushfires. 3. I experienced this change to a small degree as a result of the Victorian 2009 bushfires. 4. I experienced this change to a moderate degree as a result of the Victorian 2009 bushfires. 5. I experienced this change to a great degree as a result of the Victorian 2009 bushfires. 6. I experienced this change to a very great degree as a result of the Victorian 2009 bushfires.
MODULE I: RECONTACT	
I1	We would really like to maintain contact with you, to let you know about the study findings. Would you be willing for us to send you study updates? 1.Yes 2. No
I2	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
I3	Would you like us to contact you via phone, email or post? 1.Phone 2.Email 3.Post
I9	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 (Specify____) 9.No need to give alternative contact person / not moving anywhere

I10	<p>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.</p> <p>1. First Name 2. Phone Number 3. Email Address</p>
MODULE N: END	
N1	<p>Do you agree to your data being stored indefinitely at the Australian Data Archive?</p> <p>1. Yes 3. No</p>
N2	<p>How distressing did you find the survey?</p> <p>0. Not at all - 10. Extremely</p>
N3	<p>We are interested to know whether or not you are glad you participated in this survey. Can you please select a number between 0 and 10, where 0 means not at all glad and 10 means extremely glad?</p> <p>0. Not at all glad - 10. Extremely glad</p>