

Caring for others and yourself: the 2021 carer wellbeing survey

The carer wellbeing survey is asking people across Australia to tell us about their experiences – past and present – of being a carer. We are calling all carers to take part, whether your caring role is big or small, long-term or short-term, current or past.

Caring for other people can take many forms, and so can the benefits and challenges that come with providing care to another person. This survey, being conducted by researchers from the University of Canberra, asks about the types of care you provide to others, and the types of supports or services you may have accessed in your caring role, including the Australian Government Carer Gateway. The survey looks long, but for most people, some questions will not be applicable.

Taking part will help us better understand how many people are providing different forms of care across Australia, and better understand the needs of carers. This information will be used by Carers Australia to support their work advocating for carers across Australia, and by the Department of Social Services in understanding whether the new Carer Gateway service is appropriately reaching carers. For information about how we ensure your privacy is protected, and further details about the funding and conduct of this project, please see the Information Sheet.

If you need assistance completing the survey, or have questions about it, you can call the research team on **1800 981 499**, or email us at regionalwellbeing@canberra.edu.au.

First, we want to check you are aged 14 or older.

How old are you?	Years: _____
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If you are aged under 14, you are not eligible to do the survey (we hope to have a survey in place for young carers in the future). For young carers, we encourage you to check out the Young Carers Support Networks which has a wide range of resources that can help you in your role as a carer:

<https://youngcarersnetwork.com.au/>

If you are 14 or older, you are eligible to complete the survey – the questions start below

Would you call yourself a 'carer'? <i>Select one</i>	<input type="radio"/> Yes, currently a carer <input type="radio"/> Not currently, but I've been a carer in the past <input type="radio"/> No <input type="radio"/> Unsure
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Have you ever done any of the following types of caring?	Yes, currently doing this	Not currently, but I have in the past	I've never done this
Looking after someone (or helping look after someone) who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, or who is frail or needs care due to ageing? <i>Note: Doing this type of role for a short period counts as looking after someone.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every day care for your own or other people's children <i>Note: If one of the children you are raising/have raised has a disability, illness or other special caring needs, please select the option above as well as this one.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The rest of this survey asks questions about your experiences as a carer. The term 'carer' for the rest of the survey means a person who is, or has in the past, looked after someone with a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, or who is frail or needs care due to ageing. It doesn't include everyday care for children undertaken by all parents.

You indicated that you either currently or in the past have looked after someone with a disability, illness, dependency or frailty. Have you done this:	Yes, currently doing this	Not currently, but I have in the past	I've never done this
As part of your paid work? <i>Note that a carer's payment or allowance is not considered paid work.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As part of volunteering for an organisation that does caring work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a family member, friend or neighbour?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The rest of this survey ask questions about the caring you do that is not in a paid or volunteer capacity. Please answer the rest of the caring related questions about the caring you do/did for your family, friends or neighbours only.

<p>You said you are currently looking after someone with a disability, illness, dependency or frailty. We want to understand how long you have had a role as a carer. When did you start being a carer? <i>Select one</i></p>	<p>When did you start being a carer?</p> <p><input type="radio"/> More than 20 years ago</p> <p><input type="radio"/> 11-20 years ago</p> <p><input type="radio"/> 6-10 years ago</p> <p><input type="radio"/> 2-5 years ago</p> <p><input type="radio"/> 13-23 months ago (between 1 and 2 years)</p> <p><input type="radio"/> 7-12 months ago</p> <p><input type="radio"/> 3-6 months ago</p> <p><input type="radio"/> 1-2 months ago</p>
<p>Are your current caring duties... <i>If you care for more than one person, please answer for the one likely to need the longest care.</i></p>	<p><input type="radio"/> Permanent – I have an ongoing carer role</p> <p><input type="radio"/> Temporary/short-term – But likely to last 6 months or more</p> <p><input type="radio"/> Temporary/short-term - Likely to last less than 6 months in total</p>

<p>How many people have you been a carer for, whether currently or in the past? <i>Select one</i></p>	<p>Current number of people you are a carer for (only include those you care for who have disability, illness, drug/alcohol dependency or frailty; do not include children with everyday caring needs)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p><input type="radio"/> Four or more</p>	<p>Number of people you were a carer for in the past (do not include anyone you still care for currently; only include those you previously cared for who had disability, illness, drug/alcohol dependency or frailty; do not include children who had everyday caring needs)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p><input type="radio"/> Four or more</p>	
<p>For your current or most recent caring duties, about how many hours a week would you typically spend on your caring responsibilities? <i>Select one</i></p>	<p><input type="radio"/> <5 hours</p> <p><input type="radio"/> 5-9 hours</p> <p><input type="radio"/> 10-14 hours</p> <p><input type="radio"/> 15-19 hours</p>	<p><input type="radio"/> 20-29 hours</p> <p><input type="radio"/> 30-39 hours</p> <p><input type="radio"/> 40-49 hours</p> <p><input type="radio"/> 50-59 hours</p>	<p><input type="radio"/> 60-69 hours</p> <p><input type="radio"/> 70 or more hours</p> <p><input type="radio"/> Hard to say</p> <p><input type="radio"/> Varies</p>

The next questions ask a bit about the type of caring responsibilities you have. If you care for one person, please answer the questions below asking about 'Person 1 you care for'. If you care for more than one person, please provide information here for the person you care for who has the **highest caring needs** (Person 1).

Does Person 1 you care for live with you?	<input type="radio"/> Yes <input type="radio"/> No		
How much assistance does Person 1 need? <i>Select one</i>	<input type="radio"/> 1 (Not much – they require limited assistance)	<input type="radio"/> 2	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 5 (person needs care for most of their day to day functioning)	
Does Person 1 you care for have any of the following caring needs? <i>Select ALL that apply</i>	<input type="checkbox"/> Dementia <input type="checkbox"/> Old-age related frailty/old-age related poor health <input type="checkbox"/> Terminal illness other than dementia <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Other developmental disorder <input type="checkbox"/> Mental illness and/or psychosocial disability <input type="checkbox"/> Drug or alcohol addiction/dependency <input type="checkbox"/> Physical disability e.g. related to sight, hearing, mobility <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Chronic non-terminal illness (lasting 6 months or more) <input type="checkbox"/> Shorter term illness (likely to last less than 6 months) <input type="checkbox"/> Other, please specify _____		
Is Person 1 you care for your... <i>Select one</i>	<input type="radio"/> Child/stepchild <input type="radio"/> Grandchild/step-grandchild <input type="radio"/> Spouse/partner <input type="radio"/> Ex-spouse / ex-partner	<input type="radio"/> Parent/stepparent <input type="radio"/> Parent-in-law <input type="radio"/> Grandparent/step-grandparent/ grandparent-in-law <input type="radio"/> Brother/sister	<input type="radio"/> Brother/sister-in-law <input type="radio"/> Other family member e.g. aunt, uncle <input type="radio"/> Non-family member e.g. friend
Are you the primary carer for Person 1? <i>Select one</i>	<input type="radio"/> Yes, I provide the majority of the care for this person <input type="radio"/> No, another person/other people provide the majority of the care for this person <input type="radio"/> I provide around half the care, and another person or other people provide the other half		
Does anyone other than yourself provide regular care for Person 1? <i>Select one</i>	<input type="radio"/> Yes, another family member or friend <input type="radio"/> Yes, one or more paid care workers <input type="radio"/> No, I am the sole carer		
Is Person 1 you care for... <i>Select one</i>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Other <input type="radio"/> Prefer not to say	
How old is Person 1 you care for? <i>Select one</i>	<input type="radio"/> 0-4 years <input type="radio"/> 5-9 years <input type="radio"/> 10-14 years <input type="radio"/> 15-19 years	<input type="radio"/> 20-24 years <input type="radio"/> 25-34 years <input type="radio"/> 35-44 years <input type="radio"/> 45-54 years	<input type="radio"/> 55-64 years <input type="radio"/> 65-74 years <input type="radio"/> 75 years or older
Is Person 1 you care for Aboriginal or Torres Strait Islander? <i>Select ALL that apply</i>	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="radio"/> No, neither of these		
Does Person 1 you care for usually speak English at home?	<input type="radio"/> Yes, English is main language spoken <input type="radio"/> No, speaks language other than English as main language		
In a typical week, which of the following would you do for Person 1? <i>Select ALL that apply</i>	<input type="checkbox"/> Physical activity support e.g. bathing/showering, dressing/shoes/zips, toileting, housework <input type="checkbox"/> Communication support e.g. assisting person to communicate with family/friends/strangers <input type="checkbox"/> Life management support/advocacy e.g. managing/organising medications/ appointments/ finances, advocating for needs with school/ health system/ employer <input type="checkbox"/> Other social, emotional or safety support e.g. assisting a person in managing social interactions, staying with a person to ensure they remain safe from accident/do not self-harm		

If you care for two or more people, please complete the next questions for the person you care for with the second greatest caring needs. If you care for one person, please skip this page and go to page 5.

Does Person 2 you care for live with you?	<input type="radio"/> Yes <input type="radio"/> No				
How much assistance does Person 2 need?	<input type="radio"/> 1 (Not much – they require limited assistance)	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 (person needs care for most of their day to day functioning)
Does Person 2 you care for have any of the following caring needs? <i>Select ALL that apply</i>	<input type="checkbox"/> Dementia <input type="checkbox"/> Old-age related frailty/old-age related poor health <input type="checkbox"/> Terminal illness other than dementia <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Other developmental disorder <input type="checkbox"/> Mental illness and/or psychosocial disability <input type="checkbox"/> Drug or alcohol addiction/dependency <input type="checkbox"/> Physical disability e.g. related to sight, hearing, mobility <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Chronic non-terminal illness (lasting 6 months or more) <input type="checkbox"/> Shorter term illness (likely to last less than 6 months) <input type="checkbox"/> Other, please specify _____				
Is Person 2 you care for your... <i>Select one</i>	<input type="radio"/> Child/stepchild <input type="radio"/> Grandchild/step-grandchild <input type="radio"/> Spouse/partner <input type="radio"/> Ex-spouse / ex-partner	<input type="radio"/> Parent/stepparent <input type="radio"/> Parent-in-law <input type="radio"/> Grandparent/step-grandparent/ grandparent-in-law <input type="radio"/> Brother/sister	<input type="radio"/> Brother/sister-in-law <input type="radio"/> Other family member e.g. aunt, uncle <input type="radio"/> Non-family member e.g. friend		
Are you the primary carer for Person 2?	<input type="radio"/> Yes, I provide the majority of the care for this person <input type="radio"/> No, another person/other people provide the majority of the care for this person <input type="radio"/> I provide around half the care, and another person or other people provide the other half				
Does anyone other than yourself provide regular care for Person 2?	<input type="radio"/> Yes, another family member or friend <input type="radio"/> Yes, one or more paid care workers <input type="radio"/> No, I am the sole carer				
Is Person 2 you care for... <i>Select one</i>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Other <input type="radio"/> Prefer not to say			
How old is Person 2 you care for? <i>Select one</i>	<input type="radio"/> 0-4 years <input type="radio"/> 5-9 years <input type="radio"/> 10-14 years <input type="radio"/> 15-19 years	<input type="radio"/> 20-24 years <input type="radio"/> 25-34 years <input type="radio"/> 35-44 years <input type="radio"/> 45-54 years	<input type="radio"/> 55-64 years <input type="radio"/> 65-74 years <input type="radio"/> 75 years or older		
Is Person 2 you care for Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="radio"/> No, neither of these				
Does Person 2 you care for usually speak English at home?	<input type="radio"/> Yes, English is main language spoken <input type="radio"/> No, speaks language other than English as main language				
In a typical week, which of the following would you do for Person 2? <i>Select all that apply</i>	<input type="checkbox"/> Physical activity support e.g. bathing/showering, dressing/shoes/zips, toileting, housework <input type="checkbox"/> Communication support e.g. assisting person to communicate with family/friends/strangers <input type="checkbox"/> Life management support/advocacy e.g. managing/organising medications/ appointments/ finances, advocating for needs with school/ health system/ employer <input type="checkbox"/> Other social, emotional or safety support e.g. assisting a person in managing social interactions, staying with a person to ensure they remain safe from accident/do not self-harm				

Your health and wellbeing

The previous section asked about the types of caring responsibilities you have. This section asks about YOUR wellbeing – how your overall quality of life is currently, and whether you have experienced any of a range of events that may have affected your wellbeing over the last year. The next section will then ask more about what you find rewarding and difficult about being a carer.

Thinking about your own life and personal circumstances, how satisfied are you with the following?	Completely DISSATISFIED										Completely SATISFIED	
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑨	⑩
Your life as a whole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your standard of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What you are currently achieving in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your personal relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How safe you feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling part of your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your future security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your general health? Select one

Excellent Very good Good Fair Poor

In the last four weeks, how often have you felt...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you feel the following?	Never	Hardly ever	Occasionally/sometimes	Often	All of the time
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel lonely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are feeling distressed or need assistance, you can contact the following services for assistance: **Beyond Blue - 1300 224 636 (24 hours)** **Lifeline - 13 11 14 (24 hours)**, **SANE Australia 1800 187 263 (10am to 10pm Monday-Friday)**

Are you currently limited in the following activities (for example due to disability, long term health condition or old age)?	Yes, completely unable to do this	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than one kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking half a kilometre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking 200 metres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you ever need someone to help with, or be with you, for the following?	Yes, always need help	Yes, sometimes need help	No
Everyday activities such as dressing, showering, toileting or eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
'Body movement' activities e.g. getting out of bed, moving around at home, moving around at places away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication activities, for example do you need assistance to understand others, or to be understood by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>In the last 12 months, have you personally been affected by any of the following? Select ALL that apply</p>	<input type="checkbox"/> I was affected by serious illness or injury (this might be new or an ongoing illness/injury) <input type="checkbox"/> Others in my household or family had serious illness or injury (this may include mental health or substance abuse problems) <input type="checkbox"/> My caring responsibilities increased e.g. you had a new child, cared for unwell family member <input type="checkbox"/> I had an unplanned loss of job <input type="checkbox"/> I had an unplanned reduction in my work hours <input type="checkbox"/> Another member of my household had an unplanned loss of job <input type="checkbox"/> I started a new job <input type="checkbox"/> My income fell <input type="checkbox"/> My home was damaged or destroyed by a storm, fire or other event <input type="checkbox"/> Property other than my home (e.g. car) was damaged or destroyed by accident, storm, fire or other event	<input type="checkbox"/> I moved house <input type="checkbox"/> My household had a sudden large financial stress e.g. a large bill that was not planned for <input type="checkbox"/> My household experienced financial hardship <input type="checkbox"/> I separated from or divorced my partner <input type="checkbox"/> Someone close to me passed away <input type="checkbox"/> I experienced a robbery/theft <input type="checkbox"/> I experienced family/domestic violence <input type="checkbox"/> Others in my household experienced family/domestic violence <input type="checkbox"/> I was affected by other forms of crime <input type="checkbox"/> I had to reduce social contact due to COVID-19 isolation requirements <input type="checkbox"/> Other unexpected stress in my life <input type="checkbox"/> None of these
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<p>Do you currently have a disability, health condition or injury that has lasted, or is likely to last, 6 months or more which restricts your everyday activities?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>Do you have any diagnosed long-term physical or mental illness, health condition or disability you need to manage on an ongoing basis?</p>	<input type="radio"/> Yes <input type="radio"/> No <p>If yes, how many health conditions and/or disabilities are you managing? Number: <input style="width: 50px; height: 20px;" type="text"/></p>

In the last month, did you do more, less or about the right amount of...	In the last four weeks the amount of this I did was...					N/A
	<u>Much less than I would have liked</u>	<u>A little less than I would have liked</u>	<u>About as much as I wanted to</u>	<u>A little more than I wanted to</u>	<u>Much more than I wanted to</u>	
Paid work (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent commuting to work (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for family members or friends you are a carer for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering or informally helping out local groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housework/chores other than gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent outdoors (including gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent with family/friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of sleep time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time spent exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of time spent doing other recreation e.g. craft, hobbies, creative activities, going to movies, playing games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did less paid work than you would have liked in the last four weeks, did your caring duties contribute to this?

<p>Did your caring duties contribute to you being unable to work as much as you would like to? Select ALL that apply</p>	<p><input type="checkbox"/> Yes, due to my caring duties I couldn't do as much paid work as I would have liked to</p> <p><input type="checkbox"/> Some or all of the reasons for doing less paid work than I wanted were not related to my caring duties</p>
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Your experiences as a carer

The next question asks what being a carer is like for you at the moment, and how it has changed over the past year. The first question asks about the positive aspects of being a carer. The next ask about challenges of being a carer.

How much do you agree or disagree with the following statements about how you <u>currently</u> find being a carer	Strongly DISAGREE				Strongly AGREE		Don't know
	①	②	③	④	⑤	⑥	
Overall, I find it satisfying being a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a carer contributes to my meaning and purpose in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often find being a carer a positive experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a carer has strengthened my relationship with the person/people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have learned new skills due to being a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions on the next page ask how often you experience different types of burden as a caregiver. We know being a carer can involve many positive and negative experiences; this asks about the negative ones in more detail to better identify where Australian carers may most need support and change to help support their wellbeing.

If you would like to talk to someone about any issues you might be facing as a carer you can contact:

Carer Gateway: (8am to 6pm) 1800 422 737 **Lifeline:** (24 hours) 13 11 14 (24 hours)

Beyond Blue: (24 hours) 1300 224 636 **SANE Australia:** (10am-10pm, Mon-Fri) 1800 187 263

Emergency respite: A person can access emergency respite 24 hours a day, 7 days a week by calling the Carer Gateway on 1800 422 737

At the moment as a carer, how often do you feel...	Never (1)	2	3	4	Nearly always or always (5)
There is not enough time for yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have more responsibilities than you can cope with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like you've lost control over your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertain about what to do for the person or people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like you should do more for the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Like you could do a better job of caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are with the person/people you care for, how often do you feel ...	Never (1)	2	3	4	Nearly always or always (5)
A sense of strain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embarrassment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncomfortable about having friends over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you feel that your caring responsibilities and duties negatively impact...	Never (1)	2	3	4	Nearly always or always (5)
Your social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships with family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you...	Never (1)	2	3	4	Nearly always or always (5)
Feel you receive more help requests than you can manage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel too much responsibility falls on you as the caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear the future regarding the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear not having enough money to care for the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear not being able to continue caring for the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wish to leave the care of the person/people you care for to someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At the moment, how confident do you feel that you are able to do the following well?	Not at all confident I can do this well (1)	2	3	4	Very confident I can do this well (5)
Take care of the physical needs of the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take care of the emotional needs of the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find out about and organise access to services for the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cope with the stress of caring/caregiving activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make caregiving activities pleasant for both you and the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage unexpected events or emergencies involving the person/people you care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, how have the following aspects of being a carer changed for you?	Getting WORSE						Getting BETTER	Don't know	N/A
	①	②	③	④	⑤	⑥	⑦		
My confidence in being able to be a good carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My access to support to help me in my caring duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My access to financial resources needed to fulfil my caring duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My overall ability to care for the person/people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to participate in paid work (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ability to progress my studies/education (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Finding and accessing support

This section asks you whether you are currently able to access formal and informal support to help you in your role as a carer, and the types of support you need. We also ask if you've accessed specific types of formal support.

In the last 12 months, how satisfied were you with your access to different types of support as a carer? <i>If your satisfaction changed through the last 12 months, please answer based on your most recent experiences. If you were a carer for only a part of the last 12 months, please answer for the time you were a carer.</i>	Completely DISSATISFIED											Completely SATISFIED	N/A – I don't need this	
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪			
Access to support from friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to respite care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to carer training and skills courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to psychological support for carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to connect to other carers to share experiences and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to financial support to help me in my role as a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you able to call on friends or family to help you in your caring responsibilities if you are ill or need a break? <i>Select one</i>	<input type="radio"/> No, I don't have access to help from friends or family <input type="radio"/> While I have some friends or family who can help, it would be difficult <input type="radio"/> Yes, I could easily organise a friend or family member to help
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In the last 12 months, have you received assistance from any organised services to help you in your caring role? <i>Select one</i>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unsure
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Many carers access formal support from organisations who provide services such as respite care, counselling, or other services to carers. This support may be paid for privately, or made available publicly with government covering some or all of the costs of the service. The questions on the next page ask if you currently access different types of formal carer support, or if you have tried to and been unable to access it.

Do you receive, or have you tried to access, the following types of carer financial support or coordination/planning services?	I have received this in the last 12 months	I've received this in the past but not in the last year	I've tried to access this, but didn't receive it	I've never tried to access this, but would like to	I don't need this type of carer support
Carer Payment (<i>an income support payment from the government for those giving constant care to someone who has a severe disability, illness, or who is frail and aged</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer Allowance (<i>a fortnightly supplement from the government for those giving additional daily care to someone who has a disability, serious illness or who is frail and aged</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Carer Bursary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer assessment and planning service e.g. you were assisted by an organisation who helped identify your needs as a carer and plan accessing services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding to purchase small assets to support you as a carer such as a phone, laptop, gym membership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding to cover some or all of the costs of carer training and/or counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding to cover some or all of the costs of respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding to cover costs of transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person I care for receives some forms of support (e.g. from NDIS, My Aged Care, Disability Gateway) that make my caring role easier e.g. respite care, equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have access to, or have you tried to get access to, the following types of carer training and psychological support?	I have accessed this in the last 12 months	I've accessed this in the past but not in the last year	I've tried to access this, but didn't receive it	I've never tried to access this, but would like to	I don't need this type of carer support
Psychological counselling (phone, video or in person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer coaching, where a coach supported you in your role as a carer (may be face to face or online/by phone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online self-guided coaching to help you build knowledge and skills to help you as a carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills course/courses for carers (online or in person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support group for carers (online, phone, or in person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online forum for carers to support each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you receive, or have you tried to access, the following types of carer services?	I have received or used this in the last 12 months	I've received/used this in the past but not in the last year	I've tried to access this, but didn't receive it	I've never tried to access this, but would like to	I don't need this type of carer support
Cleaning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-home respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day-care respite care centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>Have you heard of or accessed Carer Gateway? <i>Select ALL that apply.</i> Carer Gateway provides access to services and supports for all carers, no matter the age of the person they are caring for. You can contact your local Carer Gateway service provider by calling 1800 422 737, Monday to Friday, between 8am and 5pm or visit www.carergateway.gov.au.</p>	<input type="checkbox"/> Yes, have spent time on the website <input type="checkbox"/> Yes, have called the Carer Gateway phone number <input type="checkbox"/> Yes, have received printed information e.g. a booklet or information pack about Carer Gateway <input type="checkbox"/> Yes, have accessed some services through Carer Gateway <input type="checkbox"/> I've heard of Carer Gateway but haven't looked at it or accessed services <input type="checkbox"/> I haven't heard of or accessed Carer Gateway <input type="radio"/> Unsure
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<p>If you haven't heard of Carer Gateway, or have heard of it but not tried to access it, Are you interested in using Carer Gateway in future? <i>Select one</i> Carer Gateway provides access to services and supports for all carers, no matter the age of the person they are caring for. You can contact your local Carer Gateway service provider by calling 1800 422 737, Monday to Friday, between 8am and 5pm or visit www.carergateway.gov.au.</p>	<input type="radio"/> Yes, I'm interested <input type="radio"/> No, as I don't think I would be eligible for access to services or support via the Carer Gateway <input type="radio"/> No, I don't need services or supports for my carer role <input type="radio"/> Unsure
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<p>If you have heard of Carer Gateway, how did you hear about it? <i>Select ALL that apply</i></p>	<input type="checkbox"/> Unsure or can't remember <input type="checkbox"/> Facebook <input type="checkbox"/> GP/medical practitioner/nurse <input type="checkbox"/> Friend or family member <input type="checkbox"/> Carer support group (including online groups) <input type="checkbox"/> Carer organisation or service provider <input type="checkbox"/> Online search e.g. Google <input type="checkbox"/> Other (please describe) _____
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If you have accessed the Carer Gateway website, phoned Carer Gateway, or accessed services via Carer Gateway, how satisfied were you with Carer Gateway?

How satisfied were you with the part of the Carer Gateway you have experience with?	Completely DISSATISFIED							Completely SATISFIED					N/A
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩			
Carer Gateway website overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Information available on the website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Access to services and supports via the website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The Carer Gateway phone call service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
How your needs as a carer were assessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The types of services you were offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The usefulness of the services you have accessed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Booklet or information pack sent to you about Carer Gateway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<p>If you wish, please let us know what was positive or negative about your experience with Carer Gateway <i>Please write as much or as little as you like</i></p>	
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Have you contacted any of the following organisations to seek advice, support or access to carer services?	Unsure	Yes, in the last 12 months	Yes, more than 12 months ago	No
Carer Gateway (carergateway.gov.au or 1800 422 737)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catholic Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Respite Support (after hours service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Aged Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other organisation (please name the organisation below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other organisation (please name the organisation below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other organisation (please name the organisation below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you accessed any formal support services/assistance in the last 12 months, how SATISFIED are you with the service provided? Please write the type of service you have accessed e.g. respite care, carer coaching, carer assessment and planning, online course, cleaning services, and rate how satisfied you are with it. If you haven't had any support from services in the last year, please skip this question.

Type of service/assistance accessed in last 12 months e.g. cleaning, respite care, counselling, funding to buy equipment	Completely DISSATISFIED										Completely SATISFIED		
	0	1	2	3	4	5	6	7	8	9	10		
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you accessed any formal support services/assistance in the last 12 months, how USEFUL have you found it? Please write the type of service you have accessed e.g. respite care, carer coaching, carer assessment and planning, online course, cleaning services, and rate how satisfied you are with it. If you haven't had any support from services in the last year, please skip this question.

Type of service/assistance accessed in last 12 months e.g. cleaning, respite care, counselling, funding to buy equipment	NOT AT ALL useful										VERY useful		
	0	1	2	3	4	5	6	7	8	9	10		
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of service: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A bit about you

We've asked a lot about your caring responsibilities and your wellbeing. We want to understand whether some carers are more likely than others to have good access to support. To do this, we need to ask a bit about you and the type of household you live in. If you do not wish to answer some of the questions below, you can skip those you do not wish to answer.

Do you identify as... <i>Select one</i>	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other e.g. gender fluid, inter-gender, no gender <input type="radio"/> Prefer not to answer
Are you of Aboriginal or Torres Strait Islander origin? <i>Select ALL that apply</i>	<input type="radio"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander
How would you describe yourself? <i>Select one</i>	<input type="radio"/> Australian-born <input type="radio"/> Born overseas (please specify country) _____ <i>If born overseas:</i> What year did you arrive in Australia to live? _____
Do you usually speak a language other than English at home? <i>Select one</i>	<input type="radio"/> Yes (please specify) _____ <input type="radio"/> No
Do you identify as... <i>Select one</i>	<input type="radio"/> Straight (heterosexual) <input type="radio"/> LGBTIQA+. If you select this, and wish to let us know how you identify (e.g. gay, bisexual, transgender, asexual) please do this here: _____ <input type="radio"/> Prefer not to answer
What is the highest year of high school you completed? <i>Select one</i>	<input type="radio"/> Did not attend high school <input type="radio"/> Year 7 or equivalent <input type="radio"/> Year 8 or equivalent <input type="radio"/> Year 9 or equivalent <input type="radio"/> Year 10 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 12 or equivalent
Have you completed any of the following types of qualification e.g. from a vocational training institution or university? <i>Select ALL that apply</i>	<input type="checkbox"/> Certificate I or II <input type="checkbox"/> Certificate III or IV <input type="checkbox"/> Diploma <input type="checkbox"/> Undergraduate university degree <input type="checkbox"/> Postgraduate university degree e.g. Master, Ph.D, graduate diploma <input type="radio"/> None of these

Where do you live? We ask this because we will produce results for different regions of Australia to help understand if those in different locations have better or poorer access to services. To do this, we need to ask you where you live. We make sure to protect the privacy of our survey participants when we report results. <i>If you live in more than one place, please put in your primary residence</i>	State / territory you live in: <i>e.g. VIC, SA</i> _____ Town, suburb or rural locality you live in: _____ Postcode you live in: _____
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The home you live in is an important influence on your wellbeing, as are the people you live with (if you live with others). This section asks about the type of household you live in, and whether your home is suitable for your needs.

Which best describes your household? <i>Select one</i>	<input type="radio"/> Sole person household <input type="radio"/> Couple only household <input type="radio"/> Single parent with children household <input type="radio"/> Couple parent with children household <input type="radio"/> Share or group household <input type="radio"/> Other (please specify below) _____
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How many people live in your household at the moment?	Total number of people, including yourself: _____ Number of children aged 0-4: _____ Number of children aged 5-14: _____ Number of children aged 15-17: _____ Number of children aged 18 or over who are financially dependent on their parents: _____ Number of temporary residents e.g. 'couch surfers': _____
Are you renting, paying off a mortgage, or do you/your family own your home outright? <i>Select one</i>	<input type="radio"/> I am 'couchsurfing' – staying temporarily with others <input type="radio"/> I am renting <input type="radio"/> I have a house with a mortgage <input type="radio"/> I own my house outright (or own it with partner/other person) <input type="radio"/> I live in my family's home without paying rent
Do you live in privately owned or publicly owned housing? <i>Select one</i>	<input type="radio"/> Private housing (e.g. your family/you/a private landlord own it) <input type="radio"/> Public housing <input type="radio"/> Unsure

	Strongly DISAGREE		Strongly AGREE		Don't know			
How suitable is your home for you?	①	②	③	④	⑤	⑥	⑦	
It's difficult for me to access or use some parts of my home due to disability or health problems e.g. kitchen, shower, an area that has stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, my home meets my needs well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very POOR		Very GOOD		Don't know			
How would you rate your access to the following at your home?	①	②	③	④	⑤	⑥	⑦	
Mobile phone reception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to high speed, reliable internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you currently do any of the following? <i>Select ALL that apply. Note if you are currently a carer, we don't ask about your caring responsibilities here, as we have already asked about those.</i>	<input type="checkbox"/> Business owner/co-owner. <input type="checkbox"/> Self-employed <input type="checkbox"/> I have full-time paid work <input type="checkbox"/> I have part-time paid work <input type="checkbox"/> I have casual paid work <input type="checkbox"/> I do unpaid work <input type="checkbox"/> Unemployed & looking for work	<input type="checkbox"/> Retired <input type="checkbox"/> Studying part-time or full-time <input type="checkbox"/> I volunteer for one or more groups e.g. sports group, community group, church, school, hospital <input type="checkbox"/> None of these
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If you currently do paid work, please answer the next questions. Otherwise, go to 'Your household finances' on the next page.

How many hours of paid employment do you work in a typical week? <i>Select one</i>	<input type="radio"/> 10 hours or less <input type="radio"/> 11-20 hours <input type="radio"/> 21-30 hours <input type="radio"/> 31-40 hours <input type="radio"/> 41 or more hours
How flexible is the timing of your work hours? <i>Select one</i>	<input type="radio"/> Not at all flexible – I have to work specific, set hours <input type="radio"/> Somewhat flexible – I have set hours, but can change them sometimes if needed <input type="radio"/> Pretty flexible – I can change my work hours around if I need to

<p>How secure do you feel your job is overall? <i>Select one</i></p>	<p><input type="radio"/> Not very secure (you feel your work hours could easily stop or reduce, or your job isn't guaranteed to last very long)</p> <p><input type="radio"/> Somewhat secure</p> <p><input type="radio"/> Very secure</p>
<p>To what extent is your supervisor/manager/employer understanding of your caring obligations? <i>Select one</i></p>	<p><input type="radio"/> Not very – it is expected my caring duties should not interfere with any aspect of my work</p> <p><input type="radio"/> Somewhat – I am able to discuss how to balance caring and work with my employer</p> <p><input type="radio"/> Very – my workplace is highly supportive of my caregiving role and supports me in making sure I can fulfil my caring duties</p> <p><input type="radio"/> Not applicable e.g. you are self-employed</p>

Your household finances

Financial information is very sensitive, but also important because finances do affect the wellbeing of many households. However, if you don't want to answer these questions, please continue to the next part of the survey.

<p>In 2019-20, about how much was your household income before tax? <i>Select one</i></p> <p><i>This includes income earned by everyone in your household. Include income from government pensions, investments/dividends, and paid work. The categories below may look odd – they let us compare our survey results to those from the national census, so we can't change them.</i></p>	<p><input type="radio"/> Negative or nil income</p> <p><input type="radio"/> \$1-10,399</p> <p><input type="radio"/> \$10,400-20,799</p> <p><input type="radio"/> \$20,800-31,199</p> <p><input type="radio"/> \$31,200-41,599</p> <p><input type="radio"/> \$41,600-51,999</p> <p><input type="radio"/> \$52,000-62,399</p>	<p><input type="radio"/> \$62,400-77,999</p> <p><input type="radio"/> \$78,000-103,999</p> <p><input type="radio"/> \$104,000-124,999</p> <p><input type="radio"/> \$125,000-155,999</p> <p><input type="radio"/> \$156,000-207,999</p> <p><input type="radio"/> \$208,000-259,999</p> <p><input type="radio"/> \$260,000 or more</p>
<p>Given your current needs and financial responsibilities, would you say that you and your household/family are... <i>Select one</i></p>	<p><input type="radio"/> Very poor</p> <p><input type="radio"/> Poor</p> <p><input type="radio"/> Just getting along</p>	<p><input type="radio"/> Reasonably comfortable</p> <p><input type="radio"/> Very comfortable</p> <p><input type="radio"/> Prosperous</p>
<p>In the last year, did any of the following happen to you because you didn't have enough money? <i>Select ALL that apply</i></p>	<p><input type="checkbox"/> Had to delay or cancel non-essential purchases e.g. holiday, going to a restaurant or movie, buying clothes</p> <p><input type="checkbox"/> Could not pay bills on time e.g. electricity, rent, gas</p> <p><input type="checkbox"/> Went without meals, or was unable to heat or cool home</p> <p><input type="checkbox"/> Asked for financial help from friends or family</p> <p><input type="radio"/> None of these</p>	

<p>Do you have any other comments about your caring role? This might be identifying challenges and issues not asked about in this survey, or simply identifying aspects of your personal experience as a carer that are important to your wellbeing.</p> <p><i>Please write as much or as little as you like; feel free to attach another page if the space to the right isn't sufficient. We will use this information in two ways: to identify the topics that need to be asked about in our future carer surveys, and to ensure in our report we identify common issues experienced by carers.</i></p>	
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Thank you for completing the survey

If you would like to enter the prize draw, access results, or participate in future research, please answer the questions below.

<p>How did you hear about this survey? <i>Select ALL that apply</i></p> <p><i>We ask this because it helps us identify the different ways people hear about the survey, and also identify which groups were more and less likely to receive emails or information about the survey.</i></p>	<p><input type="radio"/> Email from University of Canberra</p> <p><input type="radio"/> Email from an organisation that helps me access services/supports as a carer. If yes, organisation name: _____</p> <p><input type="radio"/> Email from an organisation/group/network representing carers. If yes, organisation/group name: _____</p> <p><input type="radio"/> Facebook</p> <p><input type="radio"/> Instagram</p> <p><input type="radio"/> Website</p> <p><input type="radio"/> Friend or family</p> <p><input type="radio"/> Other (please describe) _____</p>
<p>Do you give us permission to contact you about future surveys? <i>Select one</i></p>	<p><input type="radio"/> Yes, you can contact me</p> <p><input type="radio"/> No</p>
<p>If you selected yes above, do you give us permission to link your responses to different surveys together? <i>Select one</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please provide the following information. This will be used to generate a code that is used to link survey responses together as further surveys are conducted in future.</p> <p>Your date of birth (DD/MM/YEAR): ___ / ___ / _____</p> <p>Your first (given) name: _____</p> <p>Your surname: _____</p>
<p>Do you want to be entered in the prize draw? <i>Select one. Prize draw conditions are provided in the information sheet</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Do you want to be notified when results of the study are available? <i>Select one</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

If you ticked 'yes' to any of the above, please provide your contact details.

Name:	
Email or postal address (whichever is more relevant for you):	