

Caring for others and yourself: the 2022 carer wellbeing survey

Each year, the Carer Wellbeing Survey calls on current and past carers across Australia to tell us about their experiences 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.

This survey, conducted by researchers from the University of Canberra, helps us better understand the needs of carers. This information is used by Carers Australia to support their work advocating for carers across Australia, and by the Department of Social Services to inform their delivery of services to 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 included with this survey.

If you need assistance completing the survey, 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.

Has your caring role been:	Yes, currently doing this	Not currently, but I have in the past	I've never done this
Part of paid work? <i>Note that for the purpose of this question, do not include a carer's payment or allowance as 'paid work' – we're wanting to know if you are paid a salary or wage for your caring, not a government payment.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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. If you do not do any caring in an unpaid capacity, this survey is not applicable to your circumstances and you do not need to continue.

<p>We want to understand how long you have had a role as a carer.</p> <p>When did you start being a carer? <i>Select one</i></p>	<input type="radio"/> More than 20 years ago <input type="radio"/> 11-20 years ago <input type="radio"/> 6-10 years ago <input type="radio"/> 2-5 years ago <input type="radio"/> 13-23 months ago (between 1 and 2 years) <input type="radio"/> 7-12 months ago <input type="radio"/> 3-6 months ago <input type="radio"/> 1-2 months ago		
<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>	<input type="radio"/> Permanent – I have an ongoing carer role <input type="radio"/> Episodic – I am sometimes required to be a carer, but there are periods when the person/people I care for need little or no care		
<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>	<input type="radio"/> Likely to last 6 months or more <input type="radio"/> Likely to last less than 6 months before stopping (for example, you might be caring for someone recovering from major surgery who is expected to make a full recovery and need no further care) <input type="radio"/> Don't know		
<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> <input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four or more		
<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>	<input type="radio"/> <5 hours <input type="radio"/> 5-9 hours <input type="radio"/> 10-14 hours <input type="radio"/> 15-19 hours	<input type="radio"/> 20-29 hours <input type="radio"/> 30-39 hours <input type="radio"/> 40-49 hours <input type="radio"/> 50-59 hours	<input type="radio"/> 60-69 hours <input type="radio"/> 70 or more hours <input type="radio"/> Hard to say <input type="radio"/> Varies

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).

<p>Does Person 1 you care for live with you?</p>	<input type="radio"/> Yes <input type="radio"/> No				
<p>How much assistance does Person 1 typically need? <i>Select one</i> <i>On a day that is 'typical' (if there is one), how much assistance would the person require?</i></p>	<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)
<p>Is Person 1 you care for your... <i>Select one</i></p>	<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		

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"/> Yes, another person e.g. volunteer <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"/> Other <input type="radio"/> Female <input type="radio"/> Prefer not to say
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 _____
How old is Person 1 you care for? <i>Select one</i>	<input type="radio"/> 0-4 years <input type="radio"/> 20-24 years <input type="radio"/> 55-64 years <input type="radio"/> 5-9 years <input type="radio"/> 25-34 years <input type="radio"/> 65-74 years <input type="radio"/> 10-14 years <input type="radio"/> 35-44 years <input type="radio"/> 75 years or older <input type="radio"/> 15-19 years <input type="radio"/> 45-54 years
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

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 don't care for more than 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 1 typically need? <i>Select one</i> <i>On a day that is 'typical' (if there is one), how much assistance would the person require?</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)
Is Person 2 you care for your... <i>Select one</i>	<input type="radio"/> Child/stepchild <input type="radio"/> Parent/stepparent <input type="radio"/> Brother/sister-in-law <input type="radio"/> Grandchild/step-grandchild <input type="radio"/> Parent-in-law <input type="radio"/> Other family member e.g. aunt, uncle <input type="radio"/> Spouse/partner <input type="radio"/> Grandparent/step-grandparent/ grandparent-in-law <input type="radio"/> Non-family member e.g. friend <input type="radio"/> Ex-spouse / ex-partner <input type="radio"/> Brother/sister
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"/> I provide less than half the care for this person <input type="radio"/> I provide around half the care, and another person or other people provide the other half
Is Person 2 you care for... <i>Select one</i>	<input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Female <input type="radio"/> Prefer not to say

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 _____		
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"/> Yes, another person e.g. volunteer <input type="radio"/> No, I am the sole carer		
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		

Carers provide a wide range of support for the people they care for, and this support varies a lot depending on the needs of the people being care for. The next question asks what types of care you have provided for the person or people you care for over the last 12 months.

In the last 12 months, have you done this for the person/people you care for?	Person 1	Person 2 (if applicable)
Physical activity support e.g. bathing, showering, dressing, toileting	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Helping with transport e.g. by driving the person to appointments, organising public transport or taxi	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Communication support e.g. assisting person to communicate with family/friends/strangers	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Technology support e.g. helping person use online appointments or forms, pay bills online etc	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Managing/organising medications	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Managing/organising medical appointments	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Assisting person to access and maintain employment or education/training	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Advocating for person's needs e.g. with school, health professionals, employer	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Assisting person in managing social interactions	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Staying with a person to ensure they remain safe from accident or self-harm	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Doing more housework, cooking or cleaning than you would usually do in order to help care for the person	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other type of caring activity (please describe below)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Your health and wellbeing

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. We use measures of wellbeing that are included in many surveys, which lets us compare the wellbeing of carers to other people in Australia. That means we have to use specific wording to ensure we can compare – our apologies if some of that wording is difficult to answer.

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	⑪	⑫
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"/>
Your ability to participate in paid work	<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 ability to do further education or training if you want to	<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? <i>Select one</i>
<input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> 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), Kids Helpline - 1800 551 800 (any time), 1800 RESPECT - 1800 737 732**

Are you currently limited in the following activities (for example due to disability, long term health condition or older 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"/>

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?	<input type="radio"/> Yes <input type="radio"/> No		
Do you have any diagnosed long-term physical or mental illness, health condition or disability you need to manage on an ongoing basis?	<input type="radio"/> Yes <input type="radio"/> No	If yes, how many diagnosed health conditions and/or disabilities are you managing? Number:	<input type="text"/>

In the last 12 months, have you personally been affected by any of the following? <i>Select ALL that apply</i>	<input type="checkbox"/> I had a new serious illness/injury <input type="checkbox"/> I experienced worsening of an existing serious illness/injury <input type="checkbox"/> I experienced ongoing impacts from an existing serious 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"/> I had/have COVID-19 <input type="checkbox"/> A person I'm caring for had/has COVID-19 <input type="checkbox"/> Other unexpected stress in my life <input type="checkbox"/> None of these
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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.

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	⑦	
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
I would have no hesitation in encouraging other people to become 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"/>

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 5pm) 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: Carers 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"/>

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"/>

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"/>

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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
My ability to maintain my own quality of life/wellbeing	<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"/>
My ability to maintain my own 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"/>
My ability to cope with the stress of my carer role	<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 difficulty of navigating systems e.g. NDIS, MyAgedCare, my.gov or others	<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"/>

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	⑫		
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"/>

<p>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></p>	<p><input type="radio"/> No, I don't have access to help from friends or family</p> <p><input type="radio"/> While I have some friends or family who can help, it would be difficult</p> <p><input type="radio"/> Yes, I could easily organise a friend or family member to help</p>
<p>Sometimes medical professionals recognise carers and ensure they communicate well with them; others don't experience this. What best describes your experience at the moment? <i>Select one</i></p>	<p><input type="radio"/> I have no access to information from the medical professionals who provide support to the person/people I care for</p> <p><input type="radio"/> I have limited access to information from the medical professionals who provide support to the person/people I care for</p> <p><input type="radio"/> I have good access to information from the medical professionals who provide support to the person/people I care for</p>

Many people in Australia use My Health Record, to record and track their health information and make it available to different health practitioners. This online health record has settings that allow people to give their carers access to the record.

For the following questions, if you care for more than one person, answer 'yes' if this applies for any of the people you care for	Yes	No	Unsure
Do you access the My Health Record of the person/people you care for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you access the My Health Record for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you a Nominated Representative for the person you care for to access the My Health Record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does the person you care for have an Advance Care Plan on the My Health Record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your doctor discussed the My Health Record with you (whether discussing it for you or for a person you care for)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

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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Do you receive, or have you tried to access, the following types of carer services other than respite care?	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"/>

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"/>

Do you have access to, or have you tried to get access to, the following types of carer training or 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"/>
Carers skills courses (specific training/ skills for carers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to enrol in education or training courses (on any subject, not just on topics related to being a carer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer support group (peer support groups/lived experience groups, meeting 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 respite care (services that give carers a break by providing alternative care arrangements)?	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
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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How satisfied were you with the part of the Carer Gateway you have experience with (if any)? <i>Select N/A if not applicable to you</i>	Completely DISSATISFIED										Completely SATISFIED		N/A
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
Types of services available via 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"/>	<input type="radio"/>
Professionalism of Carer Gateway staff	<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"/>
Helpfulness of Carer Gateway staff	<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"/>
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"/>	<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"/>	<input type="radio"/>

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"/>

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, and the organisation/s that you have accessed this service from
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	Organisation/s this type of service was accessed from	Completely DISSATISFIED										Completely SATISFIED		
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑨	⑩	
Type of service: _____	Organisation: _____	<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: _____	Organisation: _____	<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: _____	Organisation: _____	<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: _____	Organisation: _____	<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: _____	Organisation: _____	<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	
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	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"/>
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"/>
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"/>
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"/>
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"/>

Impacts of COVID-19 on carers

The COVID-19 pandemic has created challenges for many carers. The questions in this section ask whether in the last 12 months you have experienced any of a number of challenges due to issues such as lockdowns, having a need to isolate, or other impacts of the COVID-19 pandemic.

Have you experienced the following in the last 12 months due to COVID-19 related lockdowns, isolation requirements, or other issues?	No, didn't experience this in last 12 months	Yes, this happened once or twice for a short period of time	Yes, this happened many times, or for a long period of time	Unsure
The person/people I care for had reduced access to some types of supports or services e.g. respite care, cleaning, in-home support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was harder than usual to get appointments for the person/people I care for with health or social service professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The intensity or amount of my caregiving responsibilities increased due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some of the family and friends who usually provide support could not help out at some points due to COVID-19 lockdowns or restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment or therapy was delayed or cancelled for one or more people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was harder to communicate with medical professionals about the needs of one or more of the people I care for, e.g. because you weren't allowed to accompany them to an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to limit my social interactions due to one or more people I care for being at high risk from COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was difficult to access vaccinations for one or more of the people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was difficult to organise vaccine booster shots for one or more of the people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty accessing the vaccine certificate or proof of vaccine for a person I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used telehealth appointments for one or more of the people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One or more people I cared for lost employment or had to reduce working hours due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I lost employment or had to reduce my working hours due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty accessing a PCR or RAT test for myself or people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to spend time with the person/people I care for due to quarantine, isolation requirements or social restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to take time away from work or education when the person/people I care for were unable to attend school or work and required at home care	<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. We need to ask a bit about you and the type of household you live in. If you do not wish to answer any of the questions below, you can skip them.

Do you identify as... <i>Select one</i>	<input type="radio"/> Female <input type="radio"/> Other e.g. gender fluid, inter-gender, no gender <input type="radio"/> Male <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
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 10 or equivalent <input type="radio"/> Year 7 or equivalent <input type="radio"/> Year 11 or equivalent <input type="radio"/> Year 8 or equivalent <input type="radio"/> Year 12 or equivalent <input type="radio"/> Year 9 or equivalent
Which best describes your household? <i>Select one</i>	<input type="radio"/> Sole person household <input type="radio"/> Share or group household <input type="radio"/> Couple only household <input type="radio"/> Other (please specify below) <input type="radio"/> Single parent with children household <input type="radio"/> Couple parent with children household _____
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

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: _____

	Strongly DISAGREE					Strongly AGREE		Don't know
	①	②	③	④	⑤	⑥	⑦	
How suitable is your home for the people living in it?								
My home is overcrowded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's difficult for some of the people living here to access or use some parts of the home due to disability or health problems	<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 the needs of all the people living in it 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"/>

How would you rate your access to the following at your home?	Very POOR					Very GOOD		Don't know
	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"/>
A personal computer, laptop or tablet	<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 private space for using a computer or other device for telehealth or other online 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"/>

Do you currently do any of the following? <i>Select ALL that apply.</i> <i>Note 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.

What is your primary job? Please list your job/s e.g. retail sales, farmer, teacher	Job type/s: _____
If you have more than one type of employment, what other job/s do you earn income from?	Job type/s: _____
How many hours of <u>paid</u> employment do you work in a typical week? <i>Select one</i>	<input type="radio"/> Less than 10 hours <input type="radio"/> 10-14 hours <input type="radio"/> 15-19 hours <input type="radio"/> 20-24 hours <input type="radio"/> 25-29 hours <input type="radio"/> 30-34 hours <input type="radio"/> 35-39 hours <input type="radio"/> 40-44 hours <input type="radio"/> 45-49 hours <input type="radio"/> 50 hours or more
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
How secure do you feel your job is overall? <i>Select one</i>	<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) <input type="radio"/> Somewhat secure <input type="radio"/> Very secure
Have you discussed your carer role with your supervisor/employer?	<input type="radio"/> Not applicable (e.g. you are self employed) <input type="radio"/> No, my supervisor is not aware I am a carer <input type="radio"/> Yes, although it has only been discussed once or twice <input type="radio"/> Yes, and I am able to discuss my carer role with them whenever I need to
To what extent is your supervisor/manager/employer understanding of your caring obligations? <i>Select one</i>	<input type="radio"/> Not very – it is expected my caring duties should not interfere with any aspect of my work <input type="radio"/> Somewhat – I am able to discuss how to balance caring and work with my employer <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 <input type="radio"/> Not applicable e.g. you are self-employed

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>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>	Empty space for comments
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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>Did you do the survey in 2021?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unsure</p>
<p>If you selected yes to being contacted about future survey, and/or have done the survey in 2021, 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):	