

Caring for others and yourself: the 2024 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. You can read the results from our previous surveys at:

<https://www.carersaustralia.com.au/carers-wellbeing-survey/>

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** provided.

Participation in this survey is completely voluntary. All survey participants aged 14 or older who complete the survey before 15 April 2024 can enter a prize draw to win one of 13 prizes worth a total of \$5000.

If you need assistance completing the survey or have any questions about it, you can call the research team on:

1800 981 499 - Monday to Friday, 9am to 5pm, or email us at: carerwellbeing@canberra.edu.au

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

How old are you?	Years: _____
<p>If you are aged under 14, we won't ask you to complete the survey – but do encourage you to get in touch with the Young Carers Network which has a wide range of resources that can help you in your role as a carer:</p> <p>https://youngcarersnetwork.com.au/</p>	

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

<p>Have you ever looked after someone (or helped 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?</p> <p><i>Note: Doing this type of role, even for a short period, counts as looking after someone.</i></p>	<p><input type="radio"/> Yes, CURRENTLY doing this</p> <p><input type="radio"/> Not currently, but I have in the past</p> <p><input type="radio"/> No, I've never done this</p>
<p>Have you ever provided everyday care for your own or other people's children?</p> <p><i>Note: If any of the children you care for/have cared for has a disability, illness or other special caring needs, please include this care in the question above as well as this one.</i></p>	<p><input type="radio"/> Yes, CURRENTLY doing this</p> <p><input type="radio"/> Not currently, but I have in the past</p> <p><input type="radio"/> No, I've never done this</p>

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
As 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"/>
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 asks 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.

Do you think of yourself as being a 'carer'? <i>Select one</i>	<input type="radio"/> Yes, all the time <input type="radio"/> Yes, sometimes <input type="radio"/> No, not really <input type="radio"/> Unsure		
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>	<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"/> Less than 3 months ago		
Are your current caring duties permanent or episodic? <i>Select one</i> <i>If you care for more than one person, please answer for the person likely to need care for the longest time.</i>	<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 I care for needs little or no care		
How long are your current caring duties likely to last? <i>Select one</i> <i>If you care for more than one person, please answer for the person likely to need care for the longest time.</i>	<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 needs no further care) <input type="radio"/> Don't know		
How many people do you currently care for? <i>Select one</i> <i>Only include those you care for who have a disability, illness, drug/alcohol dependency or frailty, including children with special caring needs; but do not include children with everyday caring needs associated with standard childcare.</i>	<input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four or more		
For your current caring duties, about how many hours a week would you typically spend on your caring responsibilities? <i>Select one</i>	<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 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 typically need? <i>Select one</i> <i>We know that caring needs often vary day to day. On a day that is 'typical' (if there is one), how much assistance would the person require (from 1 'require limited assistance' to 5 'require care for most of their day-to-day functioning')? If the person only sometimes requires care, base your answer on the times when they do need care.</i>	<div> Not much, they require limited assistance <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div> 1 2 3 4 5 </div> </div> <div> Person needs care for most of their day-to-day functioning </div>				
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>	<div> <input type="radio"/> Child/stepchild <input type="radio"/> Brother/sister </div> <div> <input type="radio"/> Grandchild/step-grandchild <input type="radio"/> Brother/sister-in-law </div> <div> <input type="radio"/> Spouse/partner <input type="radio"/> Other family member e.g. aunt, uncle </div> <div> <input type="radio"/> Ex-spouse/ex-partner <input type="radio"/> Non-family member e.g. friend </div> <div> <input type="radio"/> Parent/step-parent <input type="radio"/> Grandparent/step-grandparent/grandparent-in-law </div> <div> <input type="radio"/> Parent-in-law </div>				
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"/> 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				
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				
Does Person 1 you care for identify as... <i>Select one</i>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other e.g. non-binary, gender fluid, inter-gender, no gender <input type="radio"/> Prefer not to answer				

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 and/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 the main language spoken <input type="radio"/> No, speaks a language other than English as the main language
<p><i>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 cared for.</i></p> <p>In the last 12 months, have you done any of the following for Person 1 you care for? <i>Select ALL that apply</i></p>	<input type="checkbox"/> Personal care support e.g. bathing, showering, dressing, toileting <input type="checkbox"/> Helping with transport e.g. by driving the person to appointments, organising public transport or taxi <input type="checkbox"/> Communication support e.g. assisting person to communicate with family/friends/strangers <input type="checkbox"/> Technology support e.g. helping person use online appointments or forms, pay bills online etc <input type="checkbox"/> Managing/organising medications <input type="checkbox"/> Managing/organising medical appointments <input type="checkbox"/> Accessing and helping to manage formal support services such as aged or disability supports or government services <input type="checkbox"/> Assisting person to access and maintain employment or education/training <input type="checkbox"/> Advocating for person's needs e.g. with school, health professionals, employer <input type="checkbox"/> Assisting person in managing social interactions <input type="checkbox"/> Staying with a person to ensure they remain safe from accident or self-harm <input type="checkbox"/> Doing more housework, cooking or cleaning than you would usually do in order to help care for the person <input type="checkbox"/> Other type of caring activity (please describe below): <hr/> <input type="checkbox"/> None of the above
<p><i>The last question we ask about Person 1 is about whether they have access to support via formal support packages, services or payments, for example from My Aged Care, NDIS, or the Department of Veteran's Affairs.</i></p> <p>In the last 12 months, has Person 1 received support or financial assistance from any of the following? <i>Select ALL that apply</i></p>	<input type="checkbox"/> NDIS (National Disability Insurance Scheme) <input type="checkbox"/> Disability services not accessed through NDIS funding <input type="checkbox"/> My Aged Care <input type="checkbox"/> Department of Veteran's Affairs <input type="checkbox"/> Disability Support Pension (from Services Australia, the Australian Government) <input type="checkbox"/> Other disability payments from Services Australia, Australian Government e.g. Essential Medical Equipment Payment; Mobility Allowance; Youth Disability Supplement <input type="checkbox"/> Disability Compensation Payment from Department of Veteran's Affairs <input type="checkbox"/> Disability or illness support payment from an insurance company or superannuation scheme <input type="checkbox"/> None of the above

If you care for two or more people, please complete the next questions for 'Person 2' you care for with the second greatest caring needs. If you care for only **one** person, please skip this page and go to 'Your health and wellbeing' on page 7.

Does Person 2 you care for live with you?	<input type="radio"/> Yes <input type="radio"/> No
How much assistance does Person 2 typically need? <i>Select one</i> <i>We know that caring needs often vary day to day. On a day that is 'typical' (if there is one), how much assistance would the person require (from 1 'require limited assistance' to 5 'require care for most of their day-to-day functioning')? If the person only sometimes requires care, base your answer on the times when they do need care.</i>	<div> <div>Not much, they require limited assistance</div> <div>Person needs care for most of their day-to-day functioning</div> </div> <div> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 </div>
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>	<div> <input type="radio"/> Child/stepchild <input type="radio"/> Brother/sister </div> <div> <input type="radio"/> Grandchild/step-grandchild <input type="radio"/> Brother/sister-in-law </div> <div> <input type="radio"/> Spouse/partner <input type="radio"/> Other family member e.g. aunt, uncle </div> <div> <input type="radio"/> Ex-spouse/ex-partner <input type="radio"/> Non-family member e.g. friend </div> <div> <input type="radio"/> Parent/step-parent <input type="radio"/> Grandparent/step-grandparent/step-grandparent-in-law </div> <div> <input type="radio"/> Parent-in-law </div>
Are you the primary carer for Person 2? <i>Select one</i>	<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
Does anyone other than yourself provide regular care for Person 2? <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
Does Person 2 you care for identify as... <i>Select one</i>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other e.g. non-binary, gender fluid, inter-gender, no gender <input type="radio"/> Prefer not to answer

How old is Person 2 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 2 you care for Aboriginal and/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 2 you care for usually speak English at home?	<input type="radio"/> Yes, English is the main language spoken <input type="radio"/> No, speaks a language other than English as the main language
<p><i>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 cared for.</i></p> <p>In the last 12 months, have you done any of the following for Person 2 you care for? <i>Select ALL that apply</i></p>	<input type="checkbox"/> Personal care support e.g. bathing, showering, dressing, toileting <input type="checkbox"/> Helping with transport e.g. by driving the person to appointments, organising public transport or taxi <input type="checkbox"/> Communication support e.g. assisting person to communicate with family/friends/strangers <input type="checkbox"/> Technology support e.g. helping person use online appointments or forms, pay bills online etc <input type="checkbox"/> Managing/organising medications <input type="checkbox"/> Managing/organising medical appointments <input type="checkbox"/> Accessing and helping to manage formal support services such as aged or disability supports or government services <input type="checkbox"/> Assisting person to access and maintain employment or education/training <input type="checkbox"/> Advocating for person's needs e.g. with school, health professionals, employer <input type="checkbox"/> Assisting person in managing social interactions <input type="checkbox"/> Staying with a person to ensure they remain safe from accident or self-harm <input type="checkbox"/> Doing more housework, cooking or cleaning than you would usually do in order to help care for the person <input type="checkbox"/> Other type of caring activity (please describe below): <hr/> <input type="checkbox"/> None of the above
<p><i>The last question we ask about Person 2 is about whether they have access to support via formal support packages, services or payments, for example from My Aged Care, NDIS, or the Department of Veteran's Affairs.</i></p> <p>In the last 12 months, has Person 2 received support or financial assistance from any of the following? <i>Select ALL that apply</i></p>	<input type="checkbox"/> NDIS (National Disability Insurance Scheme) <input type="checkbox"/> Disability services not accessed through NDIS funding <input type="checkbox"/> My Aged Care <input type="checkbox"/> Department of Veteran's Affairs <input type="checkbox"/> Disability Support Pension (from Services Australia, the Australian Government) <input type="checkbox"/> Other disability payments from Services Australia, Australian Government e.g. Essential Medical Equipment Payment; Mobility Allowance; Youth Disability Supplement <input type="checkbox"/> Disability Compensation Payment from Department of Veteran's Affairs <input type="checkbox"/> Disability or illness support payment from an insurance company or superannuation scheme <input type="checkbox"/> None of the above

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. 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		
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 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 other impacts due to extreme weather events such as flooding or fire (other than damage to house or property)
<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"/> I moved house
<input type="checkbox"/> My caring responsibilities increased e.g. you had a new child, cared for an unwell family member	<input type="checkbox"/> I had an unplanned loss of job	<input type="checkbox"/> My household had a sudden large financial stress e.g. a large bill that was not planned for
<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"/> My household experienced financial hardship
<input type="checkbox"/> I started a new job	<input type="checkbox"/> I had to reduce social contact due to COVID-19	<input type="checkbox"/> I separated from or divorced my partner
<input type="checkbox"/> My income fell	<input type="checkbox"/> I had/have COVID-19	<input type="checkbox"/> Someone close to me passed away
<input type="checkbox"/> My home was damaged or destroyed by a storm, fire, flood or other event	<input type="checkbox"/> A person I'm caring for had/has COVID-19	<input type="checkbox"/> I experienced a robbery/theft
<input type="checkbox"/> Property other than my home (e.g. car) was damaged or destroyed by accident, storm, fire, flood or other event	<input type="checkbox"/> Other unexpected stress in my life	<input type="checkbox"/> I experienced family/domestic violence
	<input type="checkbox"/> None of these	<input type="checkbox"/> Others in my household experienced family/domestic violence
		<input type="checkbox"/> I was affected by other forms of crime

Do you have any long-term health conditions, impairments or disabilities related to the following, and if you do, do they restrict you in your everyday activities?	<u>NO</u> , I don't have this	YES, but condition does <u>NOT AT ALL</u> restrict everyday activities	YES, condition restricts everyday activities <u>A LITTLE</u>	YES, condition restricts everyday activities <u>MODERATELY</u>	YES, condition restricts everyday activities <u>SEVERELY</u>
Sight problems NOT corrected by glasses or lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blackouts, fits or loss of consciousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty learning or understanding things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited use of arms or fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty gripping things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited use of feet or legs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A nervous or emotional condition which requires treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any condition that restricts physical activity or physical work e.g. back problems, migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any mental illness which requires help or supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic or recurring pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term effects as a result of a head injury, stroke or other brain damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A long-term condition or ailment which is still restrictive, even though it is being treated or medication is being taken for it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other long-term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last four weeks, how often have you felt...	<u>None</u> of the time	<u>A little</u> of the time	<u>Some</u> of the time	<u>Most</u> of the time	<u>All</u> 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"/>

If you are feeling distressed or need assistance, you can contact the following services for assistance:

Beyond Blue:	1300 224 636 (24/7)	Kids Helpline:	1800 551 800 (24/7)
Lifeline:	13 11 14 (24/7)	1800 RESPECT:	1800 737 732 (24/7)
SANE Australia:	1800 187 263 (10am to 10pm, Monday to Friday)		

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"/>

Your experiences as a carer

The following questions ask 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>

The next questions ask how often you experience different types of challenges as a carer. 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:	1800 422 737	(8am to 5pm, Monday to Friday)
Emergency respite:	If you suddenly find you can't provide care, for example if you become ill or injured, call Carer Gateway for emergency respite on 1800 422 737 (24/7).	
SANE Australia:	1800 187 263	(10am to 10pm, Monday to Friday)
Beyond Blue:	1300 224 636	(24/7)
Lifeline:	13 11 14	(24/7)

At the moment as a carer, how often do you feel...	Never				Nearly always or always
	①	②	③	④	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"/>

How often do you feel that your caring responsibilities and duties negatively impact...	Never				Nearly always or always
	①	②	③	④	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"/>

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				Very confident I can do this well
	①	②	③	④	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"/>
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"/>
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"/>
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"/>
The difficulty of navigating systems e.g. NDIS, MyAgedCare, myGov 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"/>

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?												N/A, I don't need this
<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						
	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩		
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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 their record.

Do any of the following apply for any of the people you care for?			
<i>Even if you care for more than one person, if this applies to <u>ANY</u> of the people you care for, answer 'yes'.</i>			
	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?	<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 next questions 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 financial support or coordination/planning services?	I've 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	No, I don't need this type of carer support
Carer Payment (an income support payment from the government for those giving constant care to someone who has a severe disability, serious illness, or who is frail and aged)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carer Allowance (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)	<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, or 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	No, 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 (providing specific training and 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 (also called peer support groups, lived experience groups. These groups may meet 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 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	No, 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 services	<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 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	No, 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 (please describe): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have accessed respite care in the last 12 months, please answer the following questions about your experiences with accessing respite care. If you did not receive respite care in the last 12 months, please skip this table and go to the next question about accessing Carer Gateway.

To what extent do you agree or disagree with the following statements about accessing respite care?	Strongly DISAGREE					Strongly AGREE		Don't know	N/A
	①	②	③	④	⑤	⑥	⑦		
I need to use multiple different facilities/services to access respite care	<input type="radio"/>	<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 regularly need to change respite care facilities/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"/>
The respite care I access is consistently good	<input type="radio"/>	<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 is difficult to find respite carers that 'connect'/get along with the person 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"/>
There is no consistency in respite 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"/>
I usually feel refreshed after accessing respite care	<input type="radio"/>	<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 am free to do what I want to do/need to do while the person I care for is in respite care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carer Gateway

Have you heard of or accessed Carer Gateway? <i>Select ALL that apply</i> <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.</i>	<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've heard of Carer Gateway but I do not need this support <input type="checkbox"/> I haven't heard of or accessed Carer Gateway <input type="radio"/> Unsure									

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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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"/>
Other organisation (please name the organisation below):	<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"/>

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), the organisation/s that you have accessed this service from, 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.

What type of service/assistance did you access in the last 12 months, and what organisation/s provided it?		Completely DISSATISFIED										Completely SATISFIED	
Type of service/assistance accessed	Name of organisation/s who provided the service/assistance	①	②	③	④	⑤	⑥	⑦	⑧	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"/>
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"/>
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"/>
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"/>
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"/>

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 useful it was.

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		
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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 have done the survey in the past, you have answered some of these questions before; we are asking them again to check if anything has changed since you last answered them. 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"/> Male <input type="radio"/> Female <input type="radio"/> Other e.g. non-binary, gender fluid, inter-gender, no gender <input type="radio"/> Prefer not to answer
Are you of Aboriginal and/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): _____ If born overseas: 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
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): _____
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 a partner/other person) <input type="radio"/> I live in my family's home without paying rent

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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How would you rate your access to the following at your home?	Very POOR ①	②	③	④	⑤	⑥	Very GOOD ⑦	Don't know
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 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"/>

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 and 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? <i>Please list your job/s e.g. retail sales, farmer, teacher.</i>	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 per week <input type="radio"/> 30-34 hours per week <input type="radio"/> 10-14 hours per week <input type="radio"/> 35-39 hours per week <input type="radio"/> 15-19 hours per week <input type="radio"/> 40-44 hours per week <input type="radio"/> 20-24 hours per week <input type="radio"/> 45-49 hours per week <input type="radio"/> 25-29 hours per week <input type="radio"/> 50 hours or more per week
How predictable is the timing of your ordinary work hours? <i>Select one</i>	<input type="radio"/> I have to work specific, set hours e.g. 9am – 5pm <input type="radio"/> I have set hours, but can change them sometimes if needed <input type="radio"/> I rely on roster or shift work and this can change or be unpredictable <input type="radio"/> I rely on a roster or shift work but it is consistent <input type="radio"/> I can change my work hours around when and if I need to easily
What times of day or night do you typically work?	<input type="radio"/> Work mainly during the day e.g. sometime between 7am – 7pm <input type="radio"/> Work mainly outside of 'normal working hours' e.g. between 7pm – 7am <input type="radio"/> Varies between day and night work
Are you able to work from home if you need or want to?	<input type="radio"/> No, never <input type="radio"/> Sometimes but not always <input type="radio"/> Yes, anytime I want
Which of these best describe your work? <i>Select ALL that apply</i>	<input type="checkbox"/> Fixed-term contract lasting less than 12 months <input type="checkbox"/> Fixed-term contract lasting between 1 and 2 years <input type="checkbox"/> Fixed-term contract lasting more than 2 years <input type="checkbox"/> Permanent job (there is no end date to your employment) <input type="checkbox"/> N/A
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 can 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 table.

Given your current needs and financial responsibilities, would you say that you and your household/family are... <i>Select one</i>	<input type="radio"/> Very poor <input type="radio"/> Poor <input type="radio"/> Just getting along	<input type="radio"/> Reasonably comfortable <input type="radio"/> Very comfortable <input type="radio"/> Prosperous
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>	<input type="checkbox"/> Had to delay or cancel non-essential purchases e.g. holiday, going to a restaurant or movie, buying clothes <input type="checkbox"/> Could not pay bills on time e.g. electricity, rent, gas <input type="checkbox"/> Went without meals, or was unable to heat or cool home <input type="checkbox"/> Asked for financial help from friends or family <input type="checkbox"/> Delayed or cancelled medical appointments or support services for myself or others in the household because we couldn't afford them <input type="radio"/> None of these	

Rising living costs have been a concern across Australia in the last couple of years. The next questions ask you whether you have been affected by rising living costs, and if so, if it has led to any of a number of changes in how you live.

Have any of the following happened to you in the last 12 months?	Unsure	Yes, to some extent or a few times	Yes, a lot or many times	No
Household expenses increased more rapidly than household income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't go to a social event because I needed to save money e.g. you might have cancelled meeting a friend at a cafe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had difficulty getting around due to rising costs of public transport and/or fuel which resulted in less access to services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had difficulty affording the groceries I usually buy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not heat or cool my home sometimes in order to save money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took on extra debt to cover normal expenses e.g. you increased credit card debt or took out a new loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had difficulty affording medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to reduce other household spending to afford costs of appointments and care-related costs for one or more of the people I care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to cancel or reduce carer support services I previously used such as house cleaning, gardener, transport help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancelled, delayed, or reduced number of appointments with GP, specialists, or therapists for myself as we couldn't afford the cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancelled, delayed, or reduced number of appointments with GP, specialists, therapists or respite for one or more people I care for as we couldn't afford the cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped or reduced insurance coverage due to difficulty affording it e.g. for car, house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked bank for support to cope e.g. through reducing or deferring payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied to access my superannuation in order to help cover household expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sought assistance from a charity such as a food bank, Salvation Army, St Vincent de Paul, community organisation, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the most important things you want improved for carers like yourself?

Please write as much or as little as you like.

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.

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.

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 which groups were more or less likely to receive emails or information about the survey.</i></p>	<p><input type="radio"/> Email from the Carer Wellbeing Survey team at the 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?</p>	<p><input type="radio"/> Yes, you can contact me <input type="radio"/> No</p>
<p>If you have done more than one of our surveys, do you give us permission to link your responses to different surveys together?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please provide the following information about <i>yourself</i> (not the person you care for). This will be used to ensure we link the correct survey responses together.</p> <p>Your date of birth (DD/MM/YYYY): ____ / ____ / ____</p> <p>Your first (given) name: _____</p> <p>Your surname: _____</p> <p>Your email: _____</p>
<p>Do you want to be entered in the prize draw? <i>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?</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 (not the contact details of the person you care for).

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