

Australia  
ISSP 2017 –  
Social Networks and Social Resources  
Questionnaire

# Instructions

## How to fill out this questionnaire

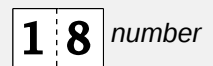
Please use a black or blue ballpoint pen

Please answer the questions by:

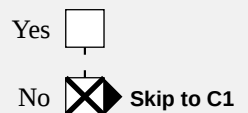
Marking the box that corresponds to your answer with a cross like this:



Or writing a number in the space provided like this:



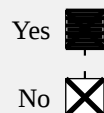
Not all questions will apply to you. Sometimes you will find an instruction telling you which questions to answer next like this:



When there is a table with a list of items, again please mark a cross in the box that corresponds to your answer for each row in the table.

	Likely to do	Unsure	Unlikely	Already doing/done
Work part time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move to a smaller home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move to the coast	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you make a mistake, cross out the incorrect box and place the cross in the correct box like this:





**If you know several people who have a job from the list below, please only tick the box for the person who you feel closest to. Each of these jobs could be held by a woman or a man.**

*Please cross one box on each line*

**A2. To what extent do you agree or disagree with the following statements?**

*Please cross one box on each line*

[illegible]



**A3. People have different opinions on who should provide services in Australia. Who do you think should primarily provide health care for the sick?**

*Please cross one box only*

Government	<input type="checkbox"/>
Private companies/for-profit organisations	<input type="checkbox"/>
Non-profit organisations/charities/cooperatives	<input type="checkbox"/>
Religious organisations	<input type="checkbox"/>
Family, relatives or friends	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A4. And, who do you think should primarily provide care for older people?**

*Please cross one box only*

Government	<input type="checkbox"/>
Private companies/for-profit organisations	<input type="checkbox"/>
Non-profit organisations/charities/cooperatives	<input type="checkbox"/>
Religious organisations	<input type="checkbox"/>
Family, relatives or friends	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A5. Some activities are done with others in organised groups, clubs or associations. The next questions are about your participation, if any, in such activities.**

**In the past 12 months, how often, if at all, have you taken part in activities...?**

*Please cross one box on each line*

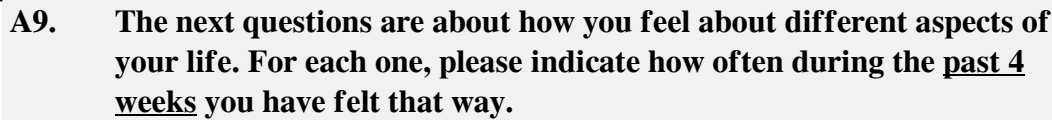
	Once a week or more	One to three times a month	Several times in the past year	Once in the past year	Never	Can't choose
... of groups or associations for leisure, sports or culture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... of political parties, political groups or political associations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... of charitable or religious organisations that do voluntary work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6. To what extent do you agree or disagree with the following statement? People like me don't have any say about what the government does.**

*Please cross one box only*

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>





*Please cross one box on each line*

**A10. How often do you think that people would try to take advantage of you if they got the chance, and how often would they try to be fair?**

*Please cross one box only*

**A11. Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people?**

*Please cross one box only*

**A12. Using the following scale ranging from 0 to 10, where 0 means “No trust at all” and 10 means “Complete trust”, please indicate how much trust you personally have in...?**

*Please cross one box on each line*

[illegible]



**A13. To what extent do you agree or disagree with the following statements?**

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
Adult children have a duty to look after their elderly parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You should take care of yourself and your family first, before helping other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are better off should help friends who are less well off.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A14. In general, do your family members put pressure on you about the way you live or organise your personal life?**

*Please cross one box only*

No, never	<input type="checkbox"/>
Yes, but rarely	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
Yes, often	<input type="checkbox"/>
Yes, very often	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A15. Do you feel that your family, relatives and/or friends make too many demands on you?**

*Please cross one box only*

No, never	<input type="checkbox"/>
Yes, but rarely	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
Yes, often	<input type="checkbox"/>
Yes, very often	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A16. Thinking about the important people in your life, such as your spouse or partner, your family members, or close friends, how often in the past 4 weeks did any of these people act angry or upset with you?**

*Please cross one box only*

Never	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Very often	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>



**A17. The following questions are about your social activities.**

**How often do you go out to eat or drink with three or more friends or acquaintances who are not family members?**

*Please cross one box only*

Daily	<input type="checkbox"/>	
Several times a week	<input type="checkbox"/>	
Once a week	<input type="checkbox"/>	
Two to three times a month	<input type="checkbox"/>	
Once a month	<input type="checkbox"/>	
Several times a year	<input type="checkbox"/>	
Less often	<input type="checkbox"/>	
Never	<input type="checkbox"/>	▶ <b>Skip to A19</b>
Can't choose	<input type="checkbox"/>	

**A18. At these occasions, how often do you make new friends or acquaintances?**

*Please cross one box only*

Never	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Very often	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A19. Please indicate about how many people do you have contact with on a typical weekday irrespective of whether you know them or not. Include anyone you chat with, talk to, or text, either face-to-face, by phone, internet or any other communication device.**

*Please cross one box only*

0-4 people	<input type="checkbox"/>
5-9	<input type="checkbox"/>
10-19	<input type="checkbox"/>
20-49	<input type="checkbox"/>
50-99	<input type="checkbox"/>
100 or more	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>





**A20. About how many of these people do you see face-to-face on a typical weekday?**

*Please cross only box only*

- |                             |                          |
|-----------------------------|--------------------------|
| All or almost all of them   | <input type="checkbox"/> |
| Most of them                | <input type="checkbox"/> |
| About half of them          | <input type="checkbox"/> |
| Some of them                | <input type="checkbox"/> |
| None or almost none of them | <input type="checkbox"/> |
| Can't choose                | <input type="checkbox"/> |

**A21. Please think about the parent you have contact with most frequently:  
How often do you have contact with that parent, either face-to-face, by  
phone, internet or any other communication device?**

*Please cross one box only*

- |  |                          |
|--|--------------------------|
| My parents are no longer alive                                   | <input type="checkbox"/> |
| The parent I have contact with the most frequently lives with me | <input type="checkbox"/> |
| Daily  | <input type="checkbox"/> |
| Several times a week   | <input type="checkbox"/> |
| Once a week  | <input type="checkbox"/> |
| Two to three times a month                                       | <input type="checkbox"/> |
| Once a month   | <input type="checkbox"/> |
| Several times a year   | <input type="checkbox"/> |
| Less often   | <input type="checkbox"/> |
| Never  | <input type="checkbox"/> |

**A22. Think about the brother or sister you have contact with most  
frequently: How often do you have contact with that brother or sister,  
either face-to-face, by phone, internet or any other communication  
device?**

*Please cross one box only*

- |   |                          |
|---|--------------------------|
| I do not have any brothers and sisters                                      | <input type="checkbox"/> |
| The brother or sister I have contact with the most frequently lives with me | <input type="checkbox"/> |
| Daily   | <input type="checkbox"/> |
| Several times a week  | <input type="checkbox"/> |
| Once a week   | <input type="checkbox"/> |
| Two to three times a month  | <input type="checkbox"/> |
| Once a month  | <input type="checkbox"/> |
| Several times a year  | <input type="checkbox"/> |
| Less often  | <input type="checkbox"/> |
| Never   | <input type="checkbox"/> |



**A23. Think about your adult child you have contact with most frequently:  
How often do you have contact with this child aged at least 18, either  
face-to-face, by phone, internet or any other communication device?**

*Please cross one box only*

I do not have any adult children	<input type="checkbox"/>
The adult child I have contact with the most frequently lives with me	<input type="checkbox"/>
Daily	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Two to three times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>

**A24. Now, think about the other family member you have contact with most  
frequently, aside of your spouse or partner, parents, siblings or adult  
children. How often do you have contact with that family member,  
either face-to-face, by phone, internet or any other communication  
device?**

*Please cross one box only*

I do not have other family members	<input type="checkbox"/>
The other family member I have contact with the most frequently lives with me	<input type="checkbox"/>
Daily	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Two to three times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>



**A25. And, think about the close friend you have contact with most frequently: How often do you have contact with that close friend, either face-to-face, by phone, internet or any other communication device?**

*Please cross one box only*

I do not have any close friends	<input type="checkbox"/>
The close friend I have contact with the most frequently lives with me	<input type="checkbox"/>
Daily	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Two to three times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>

**A26. Think now of your contact with all of your family members and close friends. How much of it is through text messages, mobile phones, or other communication devices that use the internet?**

*Please cross one box only*

All or almost all of it	<input type="checkbox"/>
Most of it	<input type="checkbox"/>
About half of it	<input type="checkbox"/>
Some of it	<input type="checkbox"/>
None or almost none of it	<input type="checkbox"/>
I do not use any of these devices	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**A27. Now, we would like to ask you some questions about other aspects of your life.**

**In general, would you say your health is...**

*Please cross one box only*

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>



... have you felt unhappy and depressed?

Never Rarely Sometimes Often very often choose

... have you felt difficulties were piling up so high that  
you could not overcome them?

A diagram showing a horizontal sequence of six identical rectangular blocks. Each block is connected to the next one by a dashed line, forming a continuous chain.

**A29. To what extent is the following statement true or untrue for you?**

**It is easy for me to accomplish my goals.**

Completely true ☐

5

Mostly true

1

Somewhat true	
---------------	--

Neither true, nor untrue	
--------------------------	--

11

Somewhat untrue

1

Mostly untrue

1

Completely untrue	
-------------------	--

1

Can't choose

1

**A30. All things considered, how satisfied are you with your life as a whole nowadays?**

Completely satisfied ☐

Very satisfied	
----------------	--

11

Fairly satisfied

1

Neither satisfied nor dissatisfied

7

Fairly dissatisfied

1

Very dissatisfied

1

Completely dissatisfied

1

Can't choose

1

**A31. To what extent do you agree or disagree with the following statements?**

It is all right to develop friendships with people just because they can be of use to you.

Strongly agree      Agree      Neither agree nor disagree      Disagree      Strongly disagree      Can't choose

When another person does a favour for you, you should feel obligated to pay that person back.

A diagram of a 1D lattice consisting of six rectangular sites arranged horizontally. Each site is a rectangle with a black border. The sites are connected by horizontal dashed lines, representing nearest-neighbor interactions. The lattice is set against a light gray background.



**A32. The next section is about your social activities and the contact you might have with specific people.**

**When you go out to eat or drink with three or more friends or acquaintances who are not family members, how often do you experience the following situations? How often...**

*Please cross one box on each line*

	Never	Rarely	Sometimes	Often	Very often	Can't choose	It does not apply
... does one person dominate the conversation at these occasions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... is consideration given to who sits near whom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A33. Please think about the person from your home town or region of origin, other than your family members, you have contact with most frequently. How often do you have contact with that person, either face-to-face, by phone, internet or any other communication device?**

*Please cross one box only*

Daily	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Two to three times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>

**A34. Now think about the person from your religious community, other than your family members, you have contact with most frequently. How often do you have contact with that person, either face-to-face, by phone, internet or any other communication device?**

*Please cross one box only*

I do not belong to any religious community	<input type="checkbox"/>
Daily	<input type="checkbox"/>
Several times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Two to three times a month	<input type="checkbox"/>
Once a month	<input type="checkbox"/>
Several times a year	<input type="checkbox"/>
Less often	<input type="checkbox"/>
Never	<input type="checkbox"/>



## Section B: Food waste

### B1. Please indicate whether you agree or disagree with each of the following statements about throwing away food.

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
I don't have enough time for the actions that would prevent me throwing out food (such as planning meals in advance, using up leftovers, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of food I throw away does not cost me much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The uneaten food in my household is composted, so throwing it out does not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I throw away food because I want to eat only the freshest foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes throw out food because I worry about food poisoning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food is natural and breaks down in the landfill, so throwing it out does not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I do does not matter given the amount of food that is thrown out in this country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people in my household complain when I use up older food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We often buy too much food for my household's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food advertising and in-store promotions (such as 2-for-1 deals) encourage me to buy more food than my household can eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### B2. In an average week, how much food would you throw away? Please include food that you compost or feed to animals in your estimate.

*Please cross one box only*

Less than 10%	<input type="checkbox"/>
10-25%	<input type="checkbox"/>
25-50%	<input type="checkbox"/>
More than 50%	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

### B3. It is important to avoid wasting food

*Please cross one box only*

Strongly agree	<input type="checkbox"/>
Agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Can't choose	<input type="checkbox"/>

**B4. How important are the following reasons for reducing the amount of food your household throws away?**



**C3. If you believe Australia has become less kind, which of the following best describe the reason for this:**

*Please cross one box only*

- |  |                          |
|--|--------------------------|
| People are less attached to traditional beliefs like religion            | <input type="checkbox"/> |
| People are less connected to others and their community                  | <input type="checkbox"/> |
| People have become too materialistic                                     | <input type="checkbox"/> |
| People are increasingly selfish and self-centred                         | <input type="checkbox"/> |
| People have become too busy for others                                   | <input type="checkbox"/> |
| People are increasingly reluctant to get involved in the lives of others | <input type="checkbox"/> |

**C4. Do you feel that everyone in Australian society is equally deserving of kindness?**

*Please cross one box only*

- |                                    |                          |
|------------------------------------|--------------------------|
| Yes, everyone is equally deserving | <input type="checkbox"/> |
| No, some people are less deserving | <input type="checkbox"/> |

**C5. How often do you engage in acts of kindness?**

*Please cross one box only*

- |                        |                          |
|------------------------|--------------------------|
| At least once a day    | <input type="checkbox"/> |
| At least once a week   | <input type="checkbox"/> |
| At least once a month  | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |

**C6. How often do you engage in acts of kindness to strangers?**

*Please cross one box only*

- |                        |                          |
|------------------------|--------------------------|
| At least once a day    | <input type="checkbox"/> |
| At least once a week   | <input type="checkbox"/> |
| At least once a month  | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |

**C7. How often do you receive acts of kindness?**

*Please cross one box only*

- |                        |                          |
|------------------------|--------------------------|
| At least once a day    | <input type="checkbox"/> |
| At least once a week   | <input type="checkbox"/> |
| At least once a month  | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |

**C8. How often do you receive acts of kindness from strangers?**

*Please cross one box only*

- |                        |                          |
|------------------------|--------------------------|
| At least once a day    | <input type="checkbox"/> |
| At least once a week   | <input type="checkbox"/> |
| At least once a month  | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |





## Section D: Charities

**D1. Please think about the charity or non-profit organisation that is most important to you personally.**

**What category best describes the work of this organisation?**

*Please cross one box only*

- |   |                          |
|---|--------------------------|
| Culture and arts (e.g. performing arts, museums, zoos)                                      | <input type="checkbox"/> |
| Sports, recreation, and social clubs  | <input type="checkbox"/> |
| Education (including primary, secondary, higher)  | <input type="checkbox"/> |
| Research (e.g. medical, science, policy)  | <input type="checkbox"/> |
| Health (e.g. hospitals, nursing homes, mental health)                                       | <input type="checkbox"/> |
| Social services (e.g. child welfare, disability support, elder care)                        | <input type="checkbox"/> |
| Emergency and relief (e.g. disaster prevention, temporary shelters, fire service)           | <input type="checkbox"/> |
| Environment   | <input type="checkbox"/> |
| Animal protection   | <input type="checkbox"/> |
| Development and housing (e.g. community development, housing assistance)                    | <input type="checkbox"/> |
| Civic and advocacy services (e.g. civil rights, advocacy, ethnic associations)              | <input type="checkbox"/> |
| Law and legal services (e.g. crime prevention, rehabilitation of offenders, victim support) | <input type="checkbox"/> |
| Political organisations   | <input type="checkbox"/> |
| International (including poverty reduction, disaster relief, human rights)                  | <input type="checkbox"/> |
| Religious congregations and associations  | <input type="checkbox"/> |
| I do not support any charities or non-profit organisations                                  | <input type="checkbox"/> |

## Section E: Climate change

**E1. Which of the following statements do you personally believe?**

*Please cross one box only*

- |   |                          |
|---|--------------------------|
| Climate change is happening now, and is caused mainly by human activities | <input type="checkbox"/> |
| Climate change is happening now, but is caused mainly by natural forces   | <input type="checkbox"/> |
| Climate change is not happening now                                       | <input type="checkbox"/> |
| I don't know whether climate change is happening or not                   | <input type="checkbox"/> |



**E2. How much do you feel that you understand about climate change - would you say a great deal, a moderate amount, only a little, or nothing at all?**

*Please cross one box only*

A great deal ☐  
A moderate amount ☐  
Only a little ☐  
Nothing at all ☐

**E3. Which of the following do you believe is the most important for the future of Australia?**

*Please cross one box only*

Australian government policy should prioritise economic growth ☐  
Australian government policy should prioritise the reduction of global warming ☐

**E4. Which of these best describes the North Pole?**

*Please cross one box only*

Ice a few metres thick, floating over a deep ocean ☐  
Ice more than a kilometre thick, over land ☐  
A mainly rocky, mountainous landscape ☐  
Don't know ☐

**E5. Which of these best describes the South Pole?**

*Please cross one box only*

Ice a few metres thick, floating over a deep ocean ☐  
Ice more than a kilometre thick, over land ☐  
A mainly rocky, mountainous landscape ☐  
Don't know ☐

**E6. Which of the following possible changes would, if it happened, do the most to raise sea levels?**

*Please cross one box only*

Melting of land ice in Greenland and the Antarctic ☐  
Melting of glaciers in the Himalayas and Alaska ☐  
Melting of sea ice on the Arctic Ocean ☐  
Don't know ☐

**E7. Which of the following statements do you think is more accurate?**

*Please cross one box only*

Most scientists agree that climate change is happening now, caused mainly by human activities ☐  
There is little agreement among scientists that climate change is happening now, caused mainly by human activities ☐



**E8. Some people suggest that climate change will lead to changes in the cost of living. In the next ten years do you expect to pay more or less for the following items because of climate change?**

*Please cross one box on each line*

	A great deal more	Somewhat more	About the same	Somewhat less	A great deal less
Energy costs (e.g. electricity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House and contents insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation costs (e.g. fuel costs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section F: Insurance and cost of living

**F1. Using the following scale ranging from 0 to 10, where 0 means "No trust at all" and 10 means "Complete trust", please indicate how much trust you personally have in insurance companies?**

*Please cross one box only*

No trust at all	0	1	2	3	4	5	6	7	8	9	Complete trust	10	Can't choose
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F2. Some people suggest that natural disasters (e.g. bushfires, cyclones, major storms or floods) lead to changes in the cost of living. In the next ten years do you expect to pay more or less for the following items because of natural disasters?**

*Please cross one box on each line*

	A great deal more	Somewhat more	About the same	Somewhat less	A great deal less
Energy costs (e.g. electricity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House and contents insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation costs (e.g. fuel costs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F3. Thinking about your main place of residence, which of the following best describes the type of insurance cover that you or someone who lives with you has purchased? The residence is covered by...**

*Please cross one box only*

House and contents insurance	<input type="checkbox"/>
Contents insurance only	<input type="checkbox"/>
House insurance only	<input type="checkbox"/>
Neither house nor contents insurance	<input type="checkbox"/> <b>Skip to F7</b>
Unsure	<input type="checkbox"/> <b>Skip to F7</b>



**F4. If a natural disaster (e.g. bushfire, cyclone, major storm or flood) strikes your local area, how confident are you that your insurance will adequately cover all your building and contents replacement costs?**

*Please cross one box only*

- |                      |                          |
|----------------------|--------------------------|
| Very confident       | <input type="checkbox"/> |
| Somewhat confident   | <input type="checkbox"/> |
| Unsure               | <input type="checkbox"/> |
| Somewhat unconfident | <input type="checkbox"/> |
| Very unconfident     | <input type="checkbox"/> |

**F5. How confident are you that you know what is covered by your house and contents insurance policy?**

*Please cross one box only*

- |                      |                          |
|----------------------|--------------------------|
| Very confident       | <input type="checkbox"/> |
| Somewhat confident   | <input type="checkbox"/> |
| Unsure               | <input type="checkbox"/> |
| Somewhat unconfident | <input type="checkbox"/> |
| Very unconfident     | <input type="checkbox"/> |

**F6. Rebuild and replacement costs will change with home improvements and the purchase of new household items. When renewing your house and contents insurance, how likely are you to include these types of changes?**

*Please cross one box only*

- |                   |                          |
|-------------------|--------------------------|
| Very likely       | <input type="checkbox"/> |
| Somewhat likely   | <input type="checkbox"/> |
| Unsure            | <input type="checkbox"/> |
| Somewhat unlikely | <input type="checkbox"/> |
| Very unlikely     | <input type="checkbox"/> |

**F7. In the case of loss, how confident are you that you know the costs for rebuilding your house?**

*Please cross one box only*

- |                      |                          |
|----------------------|--------------------------|
| Very confident       | <input type="checkbox"/> |
| Somewhat confident   | <input type="checkbox"/> |
| Unsure               | <input type="checkbox"/> |
| Somewhat unconfident | <input type="checkbox"/> |
| Very unconfident     | <input type="checkbox"/> |



**F8. In case of loss, how confident are you that you know the costs for replacing your contents?**

*Please cross one box only*

Very confident	<input type="checkbox"/>
Somewhat confident	<input type="checkbox"/>
Unsure	<input type="checkbox"/>
Somewhat unconfident	<input type="checkbox"/>
Very unconfident	<input type="checkbox"/>

**F9. What is the risk of a natural disaster (e.g. bushfire, cyclone, major storm or flood) striking your local area?**

*Please cross one box only*

Very high	<input type="checkbox"/>
High	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
Low	<input type="checkbox"/>
Very low	<input type="checkbox"/>

## Section G: Opinions about health

**G1. Do you personally know someone who:**

*Please cross one box on each line*

	Yes	No
injects drugs?	<input type="checkbox"/>	<input type="checkbox"/>
has hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>
has HIV?	<input type="checkbox"/>	<input type="checkbox"/>
has had a sexually transmitted infection (STI)?	<input type="checkbox"/>	<input type="checkbox"/>

**G2. Please answer the following questions about injecting drug use.**

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I won't associate with known injecting drug users if I can help it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug users have a perfect right to their lifestyle if that's the way they want to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is just plain wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug users are mistreated in our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should feel sympathetic and understanding of injecting drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**G3. Please answer the following questions about hepatitis C.**

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I think people with hepatitis C infection got what they deserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell by looking at someone if s/he has hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I discovered a family member had hepatitis C, I would stop talking to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting the spread of hepatitis C is more important than trying to protect the rights of people with hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one deserves to have a disease like hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G4. Please answer the following opinion questions about HIV.**

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Being around someone who has HIV does not bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with HIV have only themselves to blame for their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had a roommate and discovered s/he was infected with HIV, it would not bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not be friends with someone who has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are infected with HIV deserve what they get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G5. Please answer the following questions about sexually transmitted infections (STIs).**

*Please cross one box on each line*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Being around someone who has a STI does not bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with a STI have only themselves to blame for their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I had a roommate and discovered s/he was infected with a STI, it would not bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could not be friends with someone who has a STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are infected with a STI deserve what they get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**G6.** We may judge people negatively at times because of differing cultural background, lifestyle, sexuality or health issues. The following question asks about whether you would do this to others, and we understand that it may be difficult for you to answer. Please be honest in your responses, they will be kept anonymous and confidential.

**Would you behave negatively towards other people because of their:**

*Please cross one box on each line*

	Never	Rarely	Sometimes	Often	Always
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of drugs for injecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmissible infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section H: Personal background

Now we would like to finish up by asking you some questions about your background. The information you provide is totally confidential and will be used only for this research.

**H1.** Are you ...

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

**H2.** When were you born?

*Please, write in the year of your birth (use four digits for the year)*

Year (YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------	----------------------	----------------------	----------------------	----------------------

**H3.** Are you currently in school or studying in higher education?

I am still at school	<input type="checkbox"/>
I am still at college/university/in vocational training	<input type="checkbox"/>
No I am not currently in school, college, university or in vocational training	<input type="checkbox"/>



**H4. How many full years of schooling or education have you had?**

**Please include primary and secondary schooling, university and full-time vocational training, but do not include repeated years. If you are currently in education count the number of years you have completed so far.**

Years

**H5. What is the highest year of schooling you have completed?**

*Please cross one box only*

- |                              |                          |
|------------------------------|--------------------------|
| Year 12 or equivalent        | <input type="checkbox"/> |
| Year 11 or equivalent        | <input type="checkbox"/> |
| Year 10 or equivalent        | <input type="checkbox"/> |
| Completed primary school     | <input type="checkbox"/> |
| Completed pre-primary school | <input type="checkbox"/> |
| Did not go to school         | <input type="checkbox"/> |

**H6. What is the highest educational qualification you have completed outside of school?**

*Please cross one box only*

- |                                      |                          |
|--------------------------------------|--------------------------|
| Doctorate by research                | <input type="checkbox"/> |
| Doctorate by coursework              | <input type="checkbox"/> |
| Masters' Degree                      | <input type="checkbox"/> |
| Graduate Diploma                     | <input type="checkbox"/> |
| Graduate Certificate                 | <input type="checkbox"/> |
| Bachelor Degree                      | <input type="checkbox"/> |
| Advanced Diploma or Associate Degree | <input type="checkbox"/> |
| Diploma                              | <input type="checkbox"/> |
| Certificate IV                       | <input type="checkbox"/> |
| Certificate III                      | <input type="checkbox"/> |
| Certificate II                       | <input type="checkbox"/> |
| Certificate I                        | <input type="checkbox"/> |
| No post-school qualification         | <input type="checkbox"/> |





**H7. Are you currently working for pay, did you work for pay in the past, or have you never been in paid work?**

By work we mean doing income-producing work, as an employee, self-employed or working for your own family's business, for at least one hour per week.

If you temporarily are not working for pay because of temporary illness/parental leave/vacation/strike, etc., please refer to your normal work situation.

I am currently in paid work ☐

I am currently not in paid work but I had paid work in the past ☐ **Skip to H9**

I have never had paid work ☐ **Skip to H16**

**H8. How many hours, on average, do you usually work for pay in a normal week, including overtime?**

If you work for more than one employer, or if you are both employed and self-employed, please count the total number of working hours that you do.

Hours

**The next questions deal with some more details on your work situation.**

**H9. Are/were you an employee, self-employed, or working for your own family's business?**

If you work for more than one employer, or if you are both employed and self-employed, please refer to your main job.

If you are retired or not currently working, please refer to your last main job.

*Please cross one box only*

An employee ☐

Working for your own family's business ☐

Self-employed without employees ☐

Self-employed with employees ☒

How many employees do/did you have, not counting yourself?

**H10. Do/did you supervise other employees?**

*Please cross one box only*

No ☐

Yes ☒

How many employees do/did you supervise?



I work/ed for a for-profit organisation ☐

I work/ed for a non-profit organisation

*Please cross one box only*

Public employer ☐

Private employer

*Please write in and describe as clearly as possible*

[illegible]

*Please write in and describe as clearly as possible*

[illegible]

*Please write in and describe as clearly as possible*

[illegible]



## H16. Which of the following best describes your current situation?

If you temporarily are not working because of temporary illness/parental leave/vacation/strike etc., please refer to your normal work situation.

*Please cross one box only*

- |   |                          |
|---|--------------------------|
| In paid work (as an employee, self-employed, or working for your own family's business) | <input type="checkbox"/> |
| Unemployed and looking for a job  | <input type="checkbox"/> |
| In education (not paid for by employer), in school/student/pupil even if on vacation    | <input type="checkbox"/> |
| Apprentice or trainee   | <input type="checkbox"/> |
| Permanently sick or disabled  | <input type="checkbox"/> |
| Retired   | <input type="checkbox"/> |
| Doing housework, looking after the home, children or other persons                      | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> |

## H17. Do you have a spouse or a partner and, if yes, do you share the same household?

*Please cross one box only*

- |  |   |
|--|---|
| Yes, I have a spouse/partner and we share the same household       | <input type="checkbox"/>                    |
| Yes, I have a spouse/partner but we don't share the same household | <input type="checkbox"/>                    |
| No, I don't have a spouse/partner                                  | <input type="checkbox"/> <b>Skip to H28</b> |

## H18. What is the highest year of schooling your spouse or partner has completed?

*Please cross one box only*

- |                              |                          |
|------------------------------|--------------------------|
| Year 12 or equivalent        | <input type="checkbox"/> |
| Year 11 or equivalent        | <input type="checkbox"/> |
| Year 10 or equivalent        | <input type="checkbox"/> |
| Completed primary school     | <input type="checkbox"/> |
| Completed pre-primary school | <input type="checkbox"/> |
| Did not go to school         | <input type="checkbox"/> |



**H19. What is the highest educational qualification your spouse or partner has completed outside of school?**

*Please cross one box only*

Doctorate by research	<input type="checkbox"/>
Doctorate by coursework	<input type="checkbox"/>
Masters' Degree	<input type="checkbox"/>
Graduate Diploma	<input type="checkbox"/>
Graduate Certificate	<input type="checkbox"/>
Bachelor Degree	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Certificate IV	<input type="checkbox"/>
Certificate III	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
No post-school qualification	<input type="checkbox"/>

**The next questions deal with the work situation of your spouse/partner.**

**H20. Is your spouse/partner currently working for pay, did he/she work for pay in the past, or has he/she never been paid work?**

By work we mean doing income-producing work, as an employee, self-employed or working for his/her own family's business, for at least one hour per week.

If he/she temporarily is not working for pay because of temporary illness/parental leave/vacation/strike, etc., please refer to his/her normal work situation.

*Please cross one box only*

He/she is currently in paid work	<input type="checkbox"/>	
He/she is currently not in paid work but he/she had paid work in the past	<input type="checkbox"/>	<b>Skip to H22</b>
He/she has never had paid work	<input type="checkbox"/>	<b>Skip to H27</b>

**H21. How many hours, on average, does your spouse/partner usually work for pay in a normal week, including overtime?**

If he/she works for more than one employer, or if he/she is both employed and self-employed, please count the total number of working hours that he/she does.

Hours



If he/she works for more than one employer, or if he/she is both employed and self-employed, please refer to his/her main job.

If he/she is retired or not currently working, please refer to his/her last main job.

An employee	
-------------	--

Self-employed without employees

Self-employed with employees

Working for his/her own family's business

*Please cross one box only*

Yes ☐

No

*Please write in and describe as clearly as possible.*

[illegible]

*Please write in and describe as clearly as possible*

[illegible]

*Please write in and describe as clearly as possible.*

[illegible]





Several times a week or more often

Once a week

2 or 3 times a month

Once a month

Several times a year

Once a year

Less frequently than once a year

Never

**Below is a scale that runs from the top to the bottom.**

**Where would you put yourself on this scale?**

**H32. Do you usually think of yourself as close to any particular political party and, if yes, which party is that?**

Labor Party (ALP) ☐  
 Liberal Party ☐  
 National (Country) Party ☐  
 Greens ☐  
 No party affiliation ☐  
 Other party (please specify) ☐

Other party (please specify)

[illegible]

**H33. Did you vote in Australia's federal election in July 2016?**







**H42. Including yourself, how many people - including children - usually live in your household?**

Adults of 18 years and older

Children between 5 -17 years of age

Children up to and including the age of 4

This makes a total of how many people?

**H43. Is there at least one telephone inside your home that is currently working and is not a mobile phone?**

Yes

☐

No

☐

Don't know

☐

**H44. How many people in your household, including yourself, have a currently working mobile phone?**

**H45. In your home, do you have a computer (such as a PC, laptop or iPad) that is connected to the Internet?**

Yes

☐

No

☐

Don't know

☐

**H46. Before taxes and other deductions, what on average is your own total monthly income?**

per month \$

**H47. Before taxes and other deductions, what on average is the total monthly income of your household?**

per month \$

**H48. Thinking of your household's total income, including all the sources of income of all the members who contribute to it, how difficult or easy is it currently for your household to make ends meet?**

*Please cross one box only*

Very difficult

☐

Fairly difficult

☐

Neither easy nor difficult

☐

Fairly easy

☐

Very easy

☐

Can't choose

☐



**H49. What is your current legal marital status?**

*Please cross one box only*

- |  |                          |
|--|--------------------------|
| Married  | <input type="checkbox"/> |
| Separated from my spouse but still legally married | <input type="checkbox"/> |
| Divorced from spouse                               | <input type="checkbox"/> |
| Widowed  | <input type="checkbox"/> |
| I have never been married                          | <input type="checkbox"/> |

**H50. Would you describe the place where you live as ...**

*Please cross one box only*

- |  |                          |
|--|--------------------------|
| A big city                             | <input type="checkbox"/> |
| The suburbs or outskirts of a big city | <input type="checkbox"/> |
| A town or a small city                 | <input type="checkbox"/> |
| A country village                      | <input type="checkbox"/> |
| A farm or home in the country          | <input type="checkbox"/> |

**H51. Do you own outright, are you buying or renting the dwelling in which you now live?**

- |                                       |                          |
|---------------------------------------|--------------------------|
| Own outright                          | <input type="checkbox"/> |
| Own, paying off mortgage              | <input type="checkbox"/> |
| Rent from private landlord            | <input type="checkbox"/> |
| Rent from public housing authority    | <input type="checkbox"/> |
| Other (boarding, living at home, etc) | <input type="checkbox"/> |

[illegible][illegible][illegible]

--	--	--



**That is the end of the questionnaire.**

**Please put the questionnaire in the pre-paid reply envelope and post it back to us.**

**If you have misplaced your pre-paid reply envelope, please place the questionnaire in an envelope, and address it to:**

**ACSPRI Academic Surveys Australia  
Reply Paid 86308  
ALPHINGTON VIC 3078**

**No stamp or payment is required**

**We really appreciate your cooperation and effort!**