

S1. SEARCH Housing questions for Tenure Type Matters

AMS (ACCHS)

Family Number

Study ID Number of Carer

Interviewer

Date of Interview

 

SEARCH
Study of Environment on
Aboriginal Resilience and Child Health
I. Parent/Carer Survey

1a. Age Years

1b. Sex Male Female

1c. Are you of Aboriginal or Torres Strait Islander descent?

- Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander
 Yes, Torres Strait Islander No

2b. What qualifications do you have? (cross all that apply)

- None Trade/apprenticeship
 Certificate from college Diploma (beyond Year 12)
 Bachelor Degree Post Graduate diploma/higher degree
 Other (please specify) _____
 Refused Don't know

a. How would you describe your current employment status?

- Employed full-time (include self employed)
- Employed part-time (include self employed)
- Unemployed
- Student and working Student and not working
- Home duties Retired
- Unable to work due to health problems
- Other (please specify) _____
- Refused Don't know

3c. Which of these groupings would best describe your HOUSEHOLD'S income for the past 2 WEEKS from all sources (e.g. wages, CDEP, pensions and study allowances etc)?

Please use prompt card.

- \$1- \$199 \$200 - \$399 \$400 - \$599 \$600 - \$799
- \$800 - \$1999 \$2000 and over None
- Other (please specify) _____
- Refused Don't know

13. Have any of these issues affected you and your family in the past 12 months?

No Yes Refused Don't know

-

k. You have felt too crowded in where you lived

-

p. You were forced to move out of a place you were living for any reason

15. What best describes your current housing?

- House Flat, unit, apartment
- Other (please specify) _____
- Refused Don't know



16. How long have you lived there?

Years & Months Refused Don't know

17. How many people usually sleep in your current home?

People Refused Don't know

18. How many bedrooms are in your home?

Bedrooms Refused Don't know

19. Is your current home:

No Yes Refused Don't know

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Owned by you or any usual member of this household?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Being paid off by you or any usual member of this household?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Rented by you or any usual member of this household?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Owned by the Department of Housing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Owned by Aboriginal Housing Office?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Owned by Community Housing (Land Council, other Aboriginal housing provider or other community housing provider)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (please specify) _____

20. Does the home that you live in have any of the following problems?

No Yes Refused Don't know

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Too big
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Too small
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Needs to be more secure



No	Yes	Refused	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Rates too expensive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Mortgage too expensive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Rent too expensive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Rising damp
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Damp or mildew on any of the walls, ceilings or windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Major cracks in walls/floors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Sinking/moving foundations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Sagging floors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Walls or windows that are not straight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Wood rot/termite damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n. Major electrical problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Major plumbing problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p. Cockroaches, mice or other vermin
				r. Other (please specify) _____

21. Are you able to make your home warm enough in winter?

No Yes Refused Don't know

22. Are you able to make your home cool enough in summer?

No Yes Refused Don't know

23. Is there a functioning smoke alarm installed in your home?

No Yes Refused Don't know

[NB Q4 below is taken from the Child Health Survey completed for participating SEARCH children]

Q 4. Since _____ was born how many different houses has he/she lived in?

Number Refused Don't know