

C.A.2 The Requirement

This project will enable greater understanding of the Australian public's adherence to the public health measures that have been implemented in response to the COVID-19 pandemic. Throughout the pandemic, Prime Minister and Cabinet (PMC) have shared COVID-19 restrictions adherence survey data with Customer, the Department of Health (Customer), for modelling, policy development and other purposes. PMC will no longer fund this activity from 30 June 2020. The continued provision of this data is highly important.

As a result the Customer requires the replicated delivery of the PMC continuous 'pulse survey' noting the adjusted output requirements below:

1. A continually updated 'pulse survey' questionnaire which examines people's perceptions, experience and behaviours in relation to different themes (chosen by the Customer) occurring in the COVID-19 environment. For example, this includes (but is not limited to) natural disasters and phenomena.
 - The questionnaire will be based on a core module and subject to change based upon Customer requirements. The questionnaire will require flexibility for regular weekly changes (up to 20% changes each week) subject to Customer's requirements.
2. **Ongoing Field Work** including:
 - Collection of a sample size of n=2,000 per week which provides:
 - A proportionate and representative sampling approach for states/territories and quotas for age, gender and location, and regional / metropolitan quotas to ensure adequate reach.
 - Maximum of 25 questions.
3. **Twice Weekly Results** delivered including:
 - Twice weekly data in .csv format for the Customer
 - Data dictionary is provided at the start of each week in .xls format for the Customer
4. **Project Management:**
 - Weekly teleconferences with the Agency for an hour with more regular shorter phone calls for clarification as required.
5. **Access to historical 'pulse survey' material** when requested including:
 - Copies of previous questionnaires
 - Copies of previous data results
 - Copies of previous reports.

National Community CV-19 Monitor

Department of Health

Version 85.1 (questionnaire 1, week 85) DRAFT 1
 Tuesday, 14th December 2021

Weekly Quotas (n=2,000)

Region	N		Age / Gender	Male	Female	TOTAL		City	N
NSW	400		18-24	120	116	236		Major city	1560
VIC	400		25-34	182	186	368		Regional	440
QLD	350		35-44	170	176	346		Total	2000
WA	350		45-54	166	172	338			
SA	300		55-64	147	156	303			
ACT	90		65+	190	219	409			
TAS	80		TOTAL	975	1025	2000			
NT	30								
TOTAL	2000								

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 THE FREEDOM OF INFORMATION ACT 1982 (CTH)
 BY THE DEPARTMENT OF HEALTH AND AGED CARE





Introduction

This survey will ask about your experience of COVID-19 (coronavirus) in Australia. Please read the below important information.

Your privacy

This survey is being conducted on behalf of the Australian Public Service in accordance with the requirements of the Commonwealth Privacy Act (1988) and Australian Privacy Principles.

Your survey responses are confidential and will be de-identified when provided to the Australian Public Service. This means the Australian Public Service will only see anonymous survey responses that do not contain your personal information. Australian public services you interact with will not see your personal information.

Voluntary participation

Participation in this survey is voluntary. You can stop participating at any time. Data collected from partially completed surveys will not be used towards the results of this survey.

Survey length

The survey takes approximately 10 minutes to complete.

Your wellbeing

This survey has been reviewed to ensure it does not cause harm or excessive discomfort to participants. However, if at any time this survey causes you distress, you can stop participating. Please note the following organisations can be contacted for support:

- Lifeline – 13 11 14
- beyondblue – 1300 22 4636
- Suicide Call Back Service – 1300 659 467
- MensLine Australia – 1300 789 879
- QLife – 1800 184 527
- 1800Respect – 1800 737 732
- National Debt Helpline - 1800 007 007
- Gambling Helpline – 1800 858 858
- QUIT Line – 13 78 48
- Alcoholics Anonymous – 1300 222 222

For further information about COVID-19 please refer to [Australia.gov.au](https://australia.gov.au) and health.gov.au.



Screening and Quotas x n=2000

S1. What is your age? **SR, OPEN TEXT BOX**

PROGRAMMER NOTE: GROUP INTO FOLLOWING CATEGORIES IN HIDDEN VARIABLE:

18-24

25-34

35-44

45-54

55-64

65-74

75+

S2. What is your gender? **SR**

Male	1
Female	2
Trans/Gender diverse	3
Prefer not to say	99

S3. What state or territory do you live in? **SR**

ACT	1
New South Wales	2
Northern Territory	3
Queensland	4
South Australia	5
Tasmania	6
Victoria	7
Western Australia	8
Other	9

IF NT (CODE 3), SKIP S4 AND AUTOCODE CODE 2 'NO' AT S4.

IF OTHER (CODE 9), SKIP S4 AND AUTOCODE CODE 2 'NO' AT S4.

S4. Do you live in one of the following cities? **SR**

- Sydney (including Greater Western Sydney), Newcastle, Wollongong or the Central Coast (NSW)
- Melbourne or Geelong (VIC)
- Brisbane, Gold Coast or the Sunshine Coast (QLD)
- Perth (WA)
- Adelaide (SA)
- Hobart (TAS)
- Canberra (ACT)

Yes	1
No	2



Section 1: Core Questionnaire x n = 2000

COMPLIANCE

Q61. One of the things Australians are currently faced with is the decision to **stay at home** to reduce the risk or spread of Coronavirus. Which of the following best describes the approach you have been taking in the last week? **SR**

I am completely isolating – not leaving home for any reason	1
I am staying home as much as I can, and only going out when I absolutely have to	2
I am still choosing to leave my home on a regular basis, but I am going out less than before the Coronavirus outbreak	3
I am not trying to stay home	4

Q65. Are you staying 1.5m away from people outside of your household? **SR**

No	1
Rarely	2
Sometimes	3
Often	4
Always	5

ADHERENCE WITH PROTECTIVE HYGIENE MEASURES

Q109. In the last week, have you had physical contact with a person who doesn't live with you? (e.g. shaken hands, hugged, body contact during sports)? **SR**

Yes	1
No	2

Q110. Thinking about the last time you were in a public place, did you wash your hands or use hand sanitiser immediately afterwards? **SR**

Yes, I washed or sanitised my hands immediately afterward	1
I washed or sanitised my hands as soon as I could, but there was a delay	2
No	3

Q111. Thinking about the last time you coughed or sneezed, did you cover your mouth with... **SR, ROTATE**

Your elbow	1
Your hand	2
A tissue	3
Something else (e.g. a hanky, clothing)	4
[ANCHOR AT BOTTOM OF LIST]	
Nothing [ANCHOR AT BOTTOM OF LIST]	5

Q189. Thinking generally about how often you washed your hands over the last week, would you say you are washing your hands... **SR**

Much more than before the Coronavirus pandemic	1
A bit more than before the Coronavirus pandemic	2
About the same as before the Coronavirus pandemic	3
A bit less than before the Coronavirus pandemic	4
Much less than before the Coronavirus pandemic	5

Q222. Do you wear a face covering whenever you leave your home? *A face covering needs to cover both your nose and mouth. It could be a face mask or shield.* **SR**

No	1
Rarely	2
Sometimes	3
Often	4
Always	5

Q138. Thinking about the past 24 hours, how many people have you had contact with outside of your household? *Contact is considered either a face to face conversation of at least three words or any form of physical contact, such as a handshake.*

Number of people	OPEN NUMERIC
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Q14. How likely do you think it is that you will catch COVID-19? **SR**

Very unlikely	Unlikely	Neutral	Likely	Very likely
1	2	3	4	5

Q56. If you were to get Coronavirus, how severely do you think it would affect you? **SR**

Not at all	1
The symptoms would be mild, as in a cold	2
The symptoms would be pretty bad, as in a flu	3
The symptoms would be severe, and I may need to be hospitalised	4
The virus may kill me	5
I don't know	99

Q224. Have you received a COVID-19 vaccination? **SR**

Yes – the first dose	1
Yes – the second dose	2
Yes - the third/booster dose	4
No	3

Q225B. **IF CODE 1; 2 OR 4 AT Q224, ASK:** Now you have been vaccinated against COVID-19, how likely is it that you will follow public health guidelines to stop the spread of COVID-19 (e.g. staying 1.5 meters away from others), compared to before you received the vaccine? **IF CODE 3 AT Q224, ASK:** Once you have been vaccinated against COVID-19, how likely is it that you will follow public health guidelines to stop the spread of COVID-19 (e.g. staying 1.5 meters away from others), compared to now? **SR**

Less likely	Neither more of less likely	More likely
1	2	3

Q227. You mentioned you are [INSERT RESPONSE FROM Q225B] to stay 1.5 meters away from others and follow public health guidelines. Why is that? OE

Q228. Have you experienced any of the following symptoms during the past 2 weeks? Select all that apply. MR

Cough	1
Fever	2
Difficulty breathing	3
Sore throat	4
Tiredness	5
Joint aches	6
Headache	7
Runny or stuffy nose	8
Any change in taste or smell	9
Nausea and/or vomiting	10
Chills	11
I have not experienced any of these symptoms in the past 2 weeks	99

Q229. Have you been tested for COVID-19/Coronavirus infection in the past 2 weeks? Select the option that best applies. SR

Tested, and the test showed I have coronavirus (positive result)	4
Tested, and the test showed I do not have coronavirus (negative result)	5
Tested, and still waiting to hear the result	6
Not tested	2
Prefer not to say	3

ASK Q230 IF Q229 = CODE 4;5;6 (TESTED)

Q230. Why did you get a COVID-19 test? Select all that apply. MR

I experienced symptoms consistent with COVID- 19 infection	1
I was informed I had been in contact with a confirmed COVID-19 case	2
It was required as part of my job or occupation	3
Other reason (please specify):	98

[RANDOMLY ALLOCATE CODE 1-3 INTO HIDDEN 'Q226_SYMPTOMS' VARIABLE (SR)]

Q226. How likely would you be to seek a COVID-19 test if you experience

[IF Q226_SYMPTOMS = 1] one or more of the following symptoms: fever, cough, difficulty breathing, sore throat, tiredness, joint aches, headache, runny or stuffy nose, any change in taste or smell, nausea and/or vomiting, chills? SR



[IF Q226_SYMPTOMS = 2] one or more of the following symptoms: fever, cough, difficulty breathing, any change in taste or smell? **SR**

[IF Q226_SYMPTOMS = 3] fever and cough? **SR**

Very unlikely	Unlikely	Neutral	Likely	Very likely
1	2	3	4	5

FEELINGS ABOUT RETURNING TO WORKPLACE / PUBLIC PLACES

Q101. Which statement best describes your current situation? **SR**

Currently working – in a workplace	1
Currently working – from home	2
Unemployed and looking for work / hoping to return to work	3
Not working and not looking for work	4

ASK Q135 IF IN WORKPLACE, CODE 1 AT Q101:

Q135. Have you (or someone you work with) attended work in the past week with any of the following symptoms? *Select all that apply.* **MR, DO NOT RANDOMISE ROWS.**

Runny nose	1
Coughing	2
Sore throat	3
Shortness of breath	4
Fever	5
None of the above	99

DISPLAY TEXT TO ALL, EXCEPT THOSE WHO ENTERED '0' OR >20 AT Q138. IF ENTERED '0' OR >20 AT Q138, SKIP Q166 TO Q169.

Earlier, you told us you had contact with **[PIPE IN NUMBER ENTERED AT Q138]** people outside of your household in the past 24 hours. By contact, we mean either a face-to-face conversation, or any form of physical contact.

Next, we are going to ask you a few general questions about the people you came into contact with in the last 24 hours. We understand it may be difficult to remember some of these details, particularly if you were in contact with a large number of people. We really appreciate you answering these questions as best as you can.

Click 'Next' to continue.

PROGRAMMER NOTE: FOR FOLLOWING 4 QUESTIONS, TREAT 'NO ENTRY' ON A ROW AS '0' (I.E. DO NOT FORCE PARTICIPANTS TO ENTER ZERO)

Q166. Of the **[PIPE IN NUMBER ENTERED AT Q138]** people outside of your household with whom you had contact within the past 24 hours, how many fit into each of the following age groups?

Please ensure the numbers you enter in the categories below sum to **[PIPE IN NUMBER ENTERED AT Q138]**, including people whose age you are unsure of.

Under 18	Number of people: [OPEN NUMERIC]
18 - 39	Number of people: [OPEN NUMERIC]
40 - 59	Number of people: [OPEN NUMERIC]
60+	Number of people: [OPEN NUMERIC]
Unsure of age	Number of people: [OPEN NUMERIC]
TOTAL NUMBER OF CONTACTS:	[PIPE IN NUMBER ENTERED AT Q138]

COUNTER TO CHECK THAT NUMBERS ENTERED IN EACH CATEGORY = TOTAL NUMBER OF CONTACTS. IF NOT, DISPLAY ERROR MESSAGE: 'The numbers you have entered for each category do not sum to the total number of contacts – please review your answers.'



Q167. Of the **[PIPE IN NUMBER ENTERED AT Q138]** people outside of your household with whom you had contact within the past 24 hours, how many did you have physical contact with?

Please ensure the numbers you enter in the categories below sum to **[PIPE IN NUMBER ENTERED AT Q138]**, including people where you can't remember what type of contact you had. If you had contact with the same person multiple times within the past 24 hours, please enter them into the category in which you were at closest contact.

Physical contact (e.g. handshake, hug)	Number of people: [OPEN NUMERIC]
No physical contact, but we were closer than 1.5m	Number of people: [OPEN NUMERIC]
No physical contact, and we tried to say 1.5m apart	Number of people: [OPEN NUMERIC]
Can't remember / prefer not to answer	Number of people: [OPEN NUMERIC]
TOTAL NUMBER OF CONTACTS:	[PIPE IN NUMBER ENTERED AT Q138]

COUNTER TO CHECK THAT NUMBERS ENTERED IN EACH CATEGORY = TOTAL NUMBER OF CONTACTS. IF NOT, DISPLAY ERROR MESSAGE: 'The numbers you have entered for each category do not sum to the total number of contacts – please review your answers.

Q168. Of the **[PIPE IN NUMBER ENTERED AT Q138]** people outside of your household with whom you had contact within the past 24 hours, how many did you meet in the following locations?

Please ensure the numbers you enter in the categories below sum to **[PIPE IN NUMBER ENTERED AT Q138]**, including people where you can't remember where you met them. If you had contact with the same person in multiple locations, please enter a response into the location where you spent the most time with them.

At my home, or someone else's home	Number of people: [OPEN NUMERIC]
At work	Number of people: [OPEN NUMERIC]
At a place of worship	Number of people: [OPEN NUMERIC]
At school, pre-school or day care	Number of people: [OPEN NUMERIC]
At a supermarket, market or other shop	Number of people: [OPEN NUMERIC]
At a café, restaurant, bar, or place of entertainment (e.g. cinema, casino)	Number of people: [OPEN NUMERIC]
At a place for exercise or sports (e.g. gym, boot camp, sports match)	Number of people: [OPEN NUMERIC]
At another public place (e.g. on the street, at a park or beach)	Number of people: [OPEN NUMERIC]
Somewhere else [Specify:]	Number of people: [OPEN NUMERIC]
Can't remember	Number of people: [OPEN NUMERIC]
TOTAL NUMBER OF CONTACTS:	[PIPE IN NUMBER ENTERED AT Q138]

COUNTER TO CHECK THAT NUMBERS ENTERED IN EACH CATEGORY = TOTAL NUMBER OF CONTACTS. IF NOT, DISPLAY ERROR MESSAGE: 'The numbers you have entered for each category do not sum to the total number of contacts – please review your answers.

Q169. Of the **[PIPE IN NUMBER ENTERED AT Q138]** people outside of your household with whom you had contact within the past 24 hours, how long did you spend with each?

Please ensure the numbers you enter in the categories below sum to **[PIPE IN NUMBER ENTERED AT Q138]**, including people where you can't remember how long you spent with them. When allocating someone into a category below, please consider the total time you spent with that person.

Less than 5 minutes	Number of people: [OPEN NUMERIC]
Between 5 – 30 minutes	Number of people: [OPEN NUMERIC]
More than 30 minutes and less than 1.5 hours	Number of people: [OPEN NUMERIC]
More than 1.5 hours and less than 3 hours	Number of people: [OPEN NUMERIC]
More than 3 hours	Number of people: [OPEN NUMERIC]
Can't remember	Number of people: [OPEN NUMERIC]
TOTAL NUMBER OF CONTACTS:	[PIPE IN NUMBER ENTERED AT Q138]

COUNTER TO CHECK THAT NUMBERS ENTERED IN EACH CATEGORY = TOTAL NUMBER OF CONTACTS. IF NOT, DISPLAY ERROR MESSAGE: 'The numbers you have entered for each category do not sum to the total number of contacts – please review your answers.

Section 4: Demographics Core x n = 2000

Q37. What is your postcode? **SR, OPEN TEXT BOX, INCLUDE 'PREFER NOT TO SAY' OPTION. POSTCODE HAS TO BE AT LEAST 0800 OR HIGHER IF 3 DIGITS (WHICH IS NT) OR ANY 4 DIGIT NUMBER.**

Q154. What, if any, is the highest qualification you are **currently studying** for, either full-time or part-time? **SR**

Year 12 or equivalent	1
Certificate I/II	2
Certificate III/IV – Apprenticeship or Traineeship	3
Certificate III/IV – Other	4
Advanced Diploma/Diploma	5
Bachelor Degree	6
Postgraduate Degree, Graduate Diploma/Graduate Certificate	7
Other (specify)	98
I am not currently studying	99

Q38. Which statement best describes your **current** situation? **SR**

Employed permanent full-time	1
Employed permanent part-time	2
Employed, casual/temporary	3
I am a carer	4
I am retired	5
I have lost my job or been stood down due to COVID-19 in the last month	6
I am a volunteer	7
I am not working or looking for work	8
Employed on a fixed term contract / independent contractor	9
Self-employed/business owner	10
Unemployed and looking for work for longer than a month	11

ASK Q74 IF CODES 1, 2, 3, 6, 9, 10, 11 AT Q38

Q74. What industry do you currently or normally work in? **SR**

Agriculture, Forestry and Fishing	1
Mining	2
Manufacturing	3
Electricity, Gas, Water and Waste Services	4
Construction	5
Wholesale Trade	6
Retail Trade	7
Accommodation and Food Services	8
Transport, Postal and Warehousing	9
Information Media and Telecommunications	10
Financial and Insurance Services	11
Rental, Hiring and Real Estate Services	12
Professional, Scientific and Technical Services	13
Administrative and Support Services	14
Public Administration and Safety	15
Education and Training	16

Health Care and Social Assistance	17
Arts and Recreation Services	18
Other	19

Q39. Which of the following best describes your household in the last week? **SR**

Single person	
Person living alone	1
Couples	
Couple living alone	2
Couple with non-dependent child(ren)	3
Couple with dependent child(ren)	4
Couple with dependent and non-dependent children	5
Single parents	
Single parent with non-dependent child(ren)	6
Single parent with dependent child(ren)	7
Single parent with dependent and non-dependent children	8
Group sharing arrangement	
Non-related adults sharing house /apartment / flat	9
Other (specify)	10
Prefer not to say	11

Q41N. What is the primary language you speak at home? **SR**

English	1
Arabic	2
Cantonese	3
Greek	4
Hindi	5
Italian	6
Mandarin	7
Nepali	8
Spanish	9
Vietnamese	10
Other (specify)	98

Q42. What do you estimate you will earn in the next week? This can include income from working and/or government payments. **SR**

No income	1
\$1-\$299 per week	2
\$300-\$499 per week	3
\$500-\$799 per week	4
\$800-\$1,249 per week	5
\$1,250-\$1,749 per week	6
\$1,750-\$2,999 per week	7
\$3,000 or more per week	8
Prefer not to answer	99

Q75. The Australian Department of Health identifies those most at risk of serious infection as a result of COVID-19 to be:

- People with compromised immune systems (such as people who have cancer or are pregnant)
- Elderly people (those over the age of 70)



- Aboriginal and/or Torres Strait Islander peoples (as they have higher rates of chronic illness)
- People with chronic medical conditions
- People in group residential settings (such as aged care facilities)

Do you identify as one or more of the above? **SR**

Yes	1
No	2
Prefer not to say	99

CLOSE

Your wellbeing

Remember, the following hotlines can be called for support at any time:

Lifeline – 13 11 14

beyondblue – 1300 22 4636

Suicide Call Back Service – 1300 659 467

MensLine Australia – 1300 789 879

QLife – 1800 184 527

1800Respect – 1800 737 732

National Debt Helpline - 1800 007 007

Gambling Helpline – 1800 858 858

QUIT Line - 13 7848

Alcoholics Anonymous – 1300 222 222

For further information about COVID-19 please refer to [Australia.gov.au](https://australia.gov.au) and health.gov.au. For further information about utilities support during COVID-19 please click here. If you would like to know more about this survey, you can contact Painted Dog at survey@painteddog.com.au.

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