Appendix A

CARERS NSW
2018 CARER SURVEY

Thank you for taking the time to complete this survey. By sharing your opinions and experiences, you will help Carers NSW advocate for greater recognition and support of carers.

The survey closes on 30 June 2018 and can be completed online via the Carers NSW website (www.carersnsw.org.au/research/survey), or by completing this form and returning it in the reply paid envelope provided.

The survey should take you approximately 20 minutes depending on your responses. You can leave any question blank if it does not apply to you, or if you would prefer not to answer. Your responses will remain anonymous.

By completing and returning this survey you indicate that:

- you have read the enclosed Participant Information Sheet
- you voluntarily agree to participate
- you are at least 16 years of age

If you have any questions about this survey, please contact the Carers NSW Research Team on (02) 9280 4744 or research@carersnsw.org.au.

SCREENING QUESTIONS

1. Do you live in New South Wales?
   - Yes (go to Question 2)
   - No (unfortunately you do not fit our respondent profile. Thank you for your interest.)

2. Do you care for someone who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, or who needs care due to ageing?
   - Yes (go to Question 3)
   - Not currently, but I have in the past (go to Question 3)
   - No (unfortunately you do not fit our respondent profile. Thank you for your interest.)

3. Is/was the person you care(d) for a family member, friend or neighbour?
   - Yes (If you currently provide care go to Question 4, if you no longer provide care go to Section 3: Paid work)
   - No, I care/cared for this person as paid work (i.e. nurse, support worker) (unfortunately you do not fit our respondent profile. Thank you for your interest.)
   - No, I care/cared for this person as a formal volunteer (unfortunately you do not fit our respondent profile. Thank you for your interest.)
### SECTION 1: THE CARING RELATIONSHIP

4. How many people do you care for? ____

The following questions are about the person(s) you care for. If you care for more than one person, please complete both columns, thinking about the TWO people you provide the MOST care for.

#### PERSON 1

5. What is this person’s gender?
   - □ Female
   - □ Male
   - □ Self-described ________
   - □ Prefer not to disclose

6. How old is this person?
   _______ years

7. What is this person’s relationship to you?
   They are my:
   - □ Parent / parent in law
   - □ Spouse / partner
   - □ Son / daughter
   - □ Brother / sister
   - □ Grandparent
   - □ Friend
   - □ Neighbour
   - □ Other (please specify):

8. What is this person’s cultural background?
   (e.g. Italian, Chinese, Australian)

9. Does this person speak a language other than English at home? (e.g. Vietnamese, Auslan)
   - □ Yes, they speak
   - □ No, English only

10. Is this person of Aboriginal or Torres Strait Islander origin? For people of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes.
    - □ No
    - □ Yes, Aboriginal
    - □ Yes, Torres Strait Islander

#### PERSON 2

5. What is this person’s gender?
   - □ Female
   - □ Male
   - □ Self-described ________
   - □ Prefer not to disclose

6. How old is this person?
   _______ years

7. What is this person’s relationship to you?
   They are my:
   - □ Parent / parent in law
   - □ Spouse / partner
   - □ Son / daughter
   - □ Brother / sister
   - □ Grandparent
   - □ Friend
   - □ Neighbour
   - □ Other (please specify):

8. What is this person’s cultural background?
   (e.g. Italian, Chinese, Australian)

9. Does this person speak a language other than English at home? (e.g. Vietnamese, Auslan)
   - □ Yes, they speak
   - □ No, English only

10. Is this person of Aboriginal or Torres Strait Islander origin? For people of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes.
    - □ No
    - □ Yes, Aboriginal
    - □ Yes, Torres Strait Islander
### PERSON 1 (continued)

11. For what conditions / disabilities / illnesses does this person need your care? Tick all that apply.

- Physical disability
- Frailty due to ageing
- Intellectual disability
- Autism Spectrum Disorder
- Mental illness
- Drug or alcohol dependency
- Dementia
- Chronic health condition
- Terminal or serious illness
- Other (please specify):

12. Please describe the types of support needed by the person you care for. Tick all that apply.

- Personal care (e.g. eating, showering, dressing)
- Mobility (e.g. walking, getting out of bed)
- Communication
- Cognitive or emotional assistance (e.g. decision making, managing finances)
- Health care (e.g. taking medication)
- Reading or writing tasks
- Transport
- Household chores
- Property maintenance
- Meal preparation
- Other (please specify):

13. Does this person live with you?

- Yes
- No, they live independently
- No, they live with another family member or friend who cares for them
- No, they live in a care facility (e.g. nursing home)
- No, they live in supported accommodation / a group home
- Other (please specify):

14. Do any other family members / friends help care for this person?

- Yes
- No

### PERSON 2 (continued)

11. For what conditions / disabilities / illnesses does this person need your care? Tick all that apply.

- Physical disability
- Frailty due to ageing
- Intellectual disability
- Autism Spectrum Disorder
- Mental illness
- Drug or alcohol dependency
- Dementia
- Chronic health condition
- Terminal or serious illness
- Other (please specify):

12. Please describe the types of support needed by the person you care for. Tick all that apply.

- Personal care (e.g. eating, showering, dressing)
- Mobility (e.g. walking, getting out of bed)
- Communication
- Cognitive or emotional assistance (e.g. decision making, managing finances)
- Health care (e.g. taking medication)
- Reading or writing tasks
- Transport
- Household chores
- Property maintenance
- Meal preparation
- Other (please specify):

13. Does this person live with you?

- Yes
- No, they live independently
- No, they live with another family member or friend who cares for them
- No, they live in a care facility (e.g. nursing home)
- No, they live in supported accommodation / a group home
- Other (please specify):

14. Do any other family members / friends help care for this person?

- Yes
- No
PERSON 1 (continued)

15. Are you the person who provides the most care for this person?
   - Yes
   - No

16. How long can this person be left alone?
   - Not at all
   - Less than an hour
   - A few hours
   - One day
   - A few days
   - More than a few days

17. On average, how many hours per week do you spend caring for this person? ________ hours

18. How long have you been caring for this person?
   - Less than 1 year
   - ________ years

PERSON 2 (continued)

15. Are you the person who provides the most care for this person?
   - Yes
   - No

16. How long can this person be left alone?
   - Not at all
   - Less than an hour
   - A few hours
   - One day
   - A few days
   - More than a few days

17. On average, how many hours per week do you spend caring for this person? ________ hours

18. How long have you been caring for this person?
   - Less than 1 year
   - ________ years

SECTION 2: SERVICES AND SUPPORT

Questions 19 to 21 are about services for people aged 65 years and over. If you care for more than one person in this age group, try to answer the questions with all people in mind.

If the person(s) you care for are under the age of 65 years, please go to Question 22.

19. Does the person you care for currently access any of the following aged care services in their home or the community? Tick all that apply.
   - [ ] Services provided by a Commonwealth Home Care Package (Level 1, 2, 3 or 4)
   - [ ] Services provided by the Commonwealth Home Support Programme (CHSP)
   - [ ] Services provided by Veterans’ Home Care (VHC)
   - [ ] They pay for services privately
   - [ ] They receive aged care services but I don’t know what type
   - [ ] They are over the age of 65 years but do not access any of the above services (go to Question 21)
   - [ ] Other (please specify): ____________________________
20. **Please indicate how much you agree with the following statements:** If the person you care for uses more than one type of aged care service, please answer with the service(s) they use most often in mind.

**Aged care services currently used by the person I care for have:**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included me in decision making</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asked about my needs as a carer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Enabled me to take a break from my caring role</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Given me time to look after my own health needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Enabled me to stay in, or go back to, paid work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

21. **Have you had any difficulty accessing aged care services for the person you care for? If so, please describe your experience.**

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Questions 22 to 25 are about disability services for people **under the age of 65 years**. If you care for more than one person in this age group, try to answer the questions with all people in mind.

If you **do not** care for anyone **under the age of 65 years** who has a disability, please go to Question 26.

22. **Does the person you care for access disability supports through the National Disability Insurance Scheme (NDIS)?**

☐ Yes  
☐ No (go to Question 24)  
☐ I don’t know (go to Question 24)

23. **Please indicate how much you agree with the following statements:**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Local Area Coordinator (LAC) / NDIS planner who helped the person I care for create their NDIS plan:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Included me in the planning process</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asked about my needs as a carer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The supports included in the NDIS plan (for the person I care for) have:</td>
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<tr>
<td>---------------------------------------------------------------</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enabled me to take a break from my caring role</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Given me time to look after my own health needs</td>
<td></td>
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<tr>
<td>Enabled me to stay in, or go back to, paid work</td>
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</tbody>
</table>

24. **Have any of the following increased or decreased in the PAST TWO YEARS?**

<table>
<thead>
<tr>
<th>The amount of support the person I care for has access to</th>
</tr>
</thead>
<tbody>
<tr>
<td>The amount of support I have access to as a carer</td>
</tr>
<tr>
<td>The amount of time I spend per week organising support for the person I care for (e.g. paperwork, phone calls, emails)</td>
</tr>
</tbody>
</table>

25. **Have you had any difficulty accessing the NDIS? If so, please describe your experience.**


26. **Please indicate how much you agree with the following statements:**

<table>
<thead>
<tr>
<th>When the person I care for visits the family doctor or GP, I am generally:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included in decision making</td>
</tr>
<tr>
<td>Asked about my needs as a carer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When the person I care for is in hospital, I am generally:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included in decision making</td>
</tr>
<tr>
<td>Asked about my needs as a carer</td>
</tr>
</tbody>
</table>
27. Do you have any suggestions for how health services can improve how they work with carers?

28. How often do you currently use the following carer supports?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>More than once a week</th>
<th>Once a week</th>
<th>Once a month</th>
<th>A few times a year</th>
<th>Once a year</th>
<th>Less than once a year</th>
<th>I have never used this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite (e.g. day centres, in-home services, cottage respite, or residential respite)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Counselling</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Carer support group (face-to-face)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Online forum or group (e.g. website, Facebook)</td>
<td>[ ]</td>
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<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

29. How satisfied are you with how often you use the following carer supports?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>I use this as often as I need</th>
<th>I would like to use this more</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite (e.g. day centres, in-home services, cottage respite, or residential respite)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Counselling</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Carer support group (face-to-face)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Online forum or group (e.g. website, Facebook)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

30. Please tell us more about your experience accessing the above carer supports.
SECTION 3: PAID WORK

31. Which of the following have ever applied to you as a direct result of your caring role? Tick all that have ever applied.
   □ I have lacked the knowledge and confidence to apply for jobs effectively
   □ My skills and qualifications have become out of date due to time out of the workforce
   □ I have worked in a job that is lower than my skill set
   □ I have reduced my working hours
   □ I have changed industry / occupation
   □ I have turned down a new job / promotion
   □ I have quit my job
   □ I have been denied an opportunity by an employer
   □ An employer has changed my working conditions
   □ None of the above
   □ Other (please specify): ________________________________

32. Would you ever consider working as a paid care worker? (i.e. being paid to work one-on-one with someone who needs care)
   □ I already do
   □ Yes, I would
   □ No, I would not
   Please explain your answer: ____________________________________________

33. Do you currently have a paid job?
   □ Yes
   □ No (go to Section 4: Your health and wellbeing)

34. How many hours per week do you usually spend doing paid work? ________ hours

   *If you have more than one paid job, please refer to your MAIN job (i.e. where you spend the most hours) in answering the following questions.*

35. Which of the following best describes your main job?
   □ I am a permanent employee
   □ I have a fixed-term contract
   □ I have a casual job
   □ I am self-employed
   □ I am an independent contractor
   □ Other (please specify): ____________________________________________

36. How many years have you had this job?
   □ Less than a year
   □ ________ years
37. In which industry do you work?

- Health care
- Government / public sector
- Community / non-profit
- Education and training
- Retail
- Banking / finance
- Hospitality / tourism
- Construction / trades / mining
- Manufacturing
- Information technology / telecommunications
- Other (please specify): _________________

38. Please respond to the questions in the table below:

<table>
<thead>
<tr>
<th>In the last 6 months how often did your job:</th>
<th>Almost always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfere with your responsibilities as a carer?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Keep you from spending the amount of time that you would like to spend with the person you care for?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Interfere with your life as a carer?</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In the last 6 months how often did your caring role:</th>
<th>Almost always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfere with your responsibilities at work, such as getting to work on time, accomplishing daily tasks, or working overtime?</td>
<td></td>
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<tr>
<td>Keep you from spending the amount of time you would like to spend on job or career related activities?</td>
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<tr>
<td>Interfere with your job or career?</td>
<td></td>
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</tbody>
</table>

39. Please indicate how much you agree with the following statements:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>My job allows me to make my own decisions about how to schedule my work</td>
<td></td>
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<tr>
<td>My job allows me to decide on the order in which things are done on the job</td>
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<tr>
<td></td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>My job allows me to plan how I do my work</td>
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<td></td>
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<tr>
<td>All in all, I am satisfied with my job</td>
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<tr>
<td>In general, I don’t like my job</td>
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<tr>
<td>In general, I like working there</td>
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<tr>
<td>I have seriously considered quitting my current job over the past 6 months</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

40. Please indicate how much you agree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel comfortable telling the people that I work with that I have caring</td>
<td></td>
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<tr>
<td>responsibilities</td>
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<td></td>
</tr>
<tr>
<td>The people I work with support me to combine work and care</td>
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</tr>
</tbody>
</table>

41. Which of the following flexible working arrangements have you used in your current job? Tick all that apply.

- Carer’s leave
- Flexible start / finish times
- Working from home
- Job sharing
- None of the above
- Other (please specify): 

**SECTION 4: YOUR HEALTH AND WELLBEING**

42. Please indicate how satisfied you are with each of the following:

<table>
<thead>
<tr>
<th></th>
<th>Completely dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Neutral</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Completely satisfied</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your standard of living</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Your health</td>
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<td></td>
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</tr>
<tr>
<td>What you are achieving in life</td>
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<td></td>
</tr>
<tr>
<td>Completely dissatisfied (0)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Neutral</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>Completely satisfied (10)</td>
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<tr>
<td>-----------------------------</td>
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<td>Your personal relationships</td>
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<td>How safe you feel</td>
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<tr>
<td>Feeling part of your community</td>
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<td>Your future security</td>
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</table>

### 43. In the past 4 weeks, about how often did you feel:

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tired out for no good reason</td>
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<tr>
<td>Nervous</td>
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<tr>
<td>So nervous that nothing could calm you down</td>
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<tr>
<td>Hopeless</td>
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<td>Restless or fidgety</td>
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<td>So restless you could not sit still</td>
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<tr>
<td>Depressed</td>
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<tr>
<td>That everything was an effort</td>
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<tr>
<td>So sad that nothing could cheer you up</td>
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<tr>
<td>Worthless</td>
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</table>

### 44. Please indicate how much you agree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a special person who is around when I am in need</td>
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<tr>
<td>There is a special person with whom I can share my joys and sorrows</td>
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<tr>
<td>My family really tries to help me</td>
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<tr>
<td>I get the emotional help and support I need from my family</td>
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<tr>
<td>Statement</td>
<td>Strongly agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly disagree</td>
</tr>
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<tr>
<td>I have a special person who is a real source of comfort to me</td>
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<tr>
<td>My friends really try to help me</td>
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<td>I can count on my friends when things go wrong</td>
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<tr>
<td>I can talk about my problems with my family</td>
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<tr>
<td>I have friends with whom I can share my joys and sorrows</td>
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<tr>
<td>There is a special person in my life who cares about my feelings</td>
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<tr>
<td>My family is willing to help me make decisions</td>
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<tr>
<td>I can talk about my problems with my friends</td>
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</tbody>
</table>

**45. Please indicate how much you agree with each of the following statements:**

*Providing help to the person(s) I care for has:*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made me feel more useful</td>
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<tr>
<td>Made me feel good about myself</td>
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<td>Made me feel needed</td>
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<tr>
<td>Made me feel appreciated</td>
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<tr>
<td>Made me feel important</td>
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<tr>
<td>Made me feel strong and confident</td>
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<tr>
<td>Given more meaning to my life</td>
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<tr>
<td>Enabled me to learn new skills</td>
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<tr>
<td>Enabled me to appreciate life more</td>
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<tr>
<td>Enabled me to develop a more positive</td>
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<tr>
<td>attitude toward life</td>
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<tr>
<td>Strengthened my relationship with others</td>
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</tbody>
</table>
46. Please indicate how much you agree with the following statement:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that my caring role is recognised and valued by my community</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please explain your answer:

_________________________________________________________________________

_________________________________________________________________________

47. During the last 12 months, have you had any long-term illness or disability that has lasted, or is likely to last, at least 6 months?
☐ Yes
☐ No (go to Section 5: About you)

48. Have your caring responsibilities affected your long-term illness or disability?
☐ No
☐ Yes, please explain how:

_________________________________________________________________________

_________________________________________________________________________

SECTION 5: ABOUT YOU

The following questions will help us make sure we have feedback from a wide range of community groups. Please leave any questions blank that you would prefer not to answer.

49. What is your gender?
☐ Female
☐ Male
☐ Self-described ____________
☐ Prefer not to disclose

50. How old are you?
__________ years

51. What cultural background(s) do you identify with? (e.g. Italian, Chinese, Australian)

_________________________________________________________________________

52. Do you speak a language other than English at home? (e.g. Vietnamese, Auslan)
☐ Yes, I speak ___________________________
☐ No, English only
53. **Are you of Aboriginal or Torres Strait Islander origin?** If you are of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes.
   - [ ] No
   - [ ] Yes, Aboriginal
   - [ ] Yes, Torres Strait Islander

54. **Do you consider yourself to be:**
   - [ ] Lesbian, gay, or homosexual
   - [ ] Straight or heterosexual
   - [ ] Bisexual
   - [ ] Queer
   - [ ] Different identity (please state)__________________________

55. **What is the postcode where you live?** __________

56. **What is the highest level of education you have completed?**
   - [ ] Less than high school (year 12 or equivalent)
   - [ ] High school (year 12 or equivalent)
   - [ ] Certificate / diploma
   - [ ] Bachelor degree or higher

57. **Are you currently enrolled in any formal education?**
   - [ ] No
   - [ ] Yes – high school
   - [ ] Yes – TAFE / apprenticeship
   - [ ] Yes – university
   - [ ] Other (please specify): ________________________________

58. **In the last 3 months, did you use the internet on any of the following devices?** Tick all that apply.
   - [ ] Computer
   - [ ] Mobile phone
   - [ ] Tablet (e.g. iPad)
   - [ ] Other device _______________________________________
   - [ ] I have not accessed the internet in the past 3 months

59. **What is your household’s annual income (before tax)?** Please include your partner’s and / or family members’ income (e.g. pension, disability support pension). Please tick your best estimate.
   - [ ] Less than $49,999 / year
   - [ ] $50,000 – $99,999 / year
   - [ ] $100,000 – $149,999 / year
   - [ ] $150,000 – $199,999 / year
   - [ ] $200,000 – $249,999 / year
   - [ ] $250,000 or more / year
   - [ ] I’d prefer not to answer
60. Do you receive any payments from Centrelink? Tick all that apply.
- ☐ Carer Allowance (currently $127.10 per fortnight)
- ☐ Carer Payment (currently up to $970.60 per fortnight for singles and $1,368.20 for couples)
- ☐ Other Centrelink payment (please specify): ____________________________
- ☐ I don’t know
- ☐ None of the above

61. Please respond to the question in the table below:

<table>
<thead>
<tr>
<th>Very easy</th>
<th>Easy</th>
<th>Neither difficult or easy</th>
<th>Difficult</th>
<th>Very difficult</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

In the last 12 months, how easy was it for you to meet your necessary cost of living expenses like housing, electricity, water, health care, food, clothing or transport?

☐ ☐ ☐ ☐ ☐ ☐

62. How will you / do you fund your retirement? Tick all that apply.
- ☐ Government pension
- ☐ Occupational / workplace pension plan
- ☐ Superannuation
- ☐ Selling financial assets (stocks, bonds)
- ☐ Selling non-financial assets (car, property)
- ☐ Income generated from financial or non-financial assets
- ☐ Relying on spouse / partner to support you
- ☐ Relying on children or other family members to support you
- ☐ Other (please specify): ____________________________
- ☐ Don’t know / I haven’t thought about it

63. Are you a member of Carers NSW?
- ☐ Yes
- ☐ No
- ☐ I am a member of the Young Carer Program
- ☐ Don’t know

You have finished the survey - thank you for participating!
Your input will help us better support and advocate for carers in NSW.

Remember, if you feel upset or have any concerns about anything from this survey, we strongly encourage you to call the Carers NSW Carer Line (1800 242 636, open Monday to Friday, 9am to 5pm), Lifeline (13 11 14, open 24 hours, 7 days), or your local GP.