

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:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
Included me in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to take a break from my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given me time to look after my own health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to stay in, or go back to, paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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:**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
<i>The Local Area Coordinator (LAC) / NDIS planner who helped the person I care for create their NDIS plan:</i>						
Included me in the planning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
<i>The supports included in the NDIS plan (for the person I care for) have:</i>						
Enabled me to take a break from my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given me time to look after my own health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to stay in, or go back to, paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	This has increased	This has decreased	This has stayed the same	Don't know
The amount of support the person I care for has access to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of support I have access to as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time I spend per week organising support for the person I care for (e.g. paperwork, phone calls, emails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
<i>When the person I care for visits the family doctor or GP, I am generally:</i>						
Included in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>When the person I care for is in hospital, I am generally:</i>						
Included in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

	More than once a week	Once a week	Once a month	A few times a year	Once a year	Less than once a year	I have never used this
Respite (e.g. day centres, in-home services, cottage respite, or residential respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support group (face-to-face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online forum or group (e.g. website, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	I use this as often as I need	I would like to use this more	Not applicable
Respite (e.g. day centres, in-home services, cottage respite, or residential respite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support group (face-to-face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online forum or group (e.g. website, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

	Almost always	Often	Sometimes	Rarely	Never	Not applicable
<i>In the last 6 months how often did your job:</i>						
Interfere with your responsibilities as a carer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep you from spending the amount of time that you would like to spend with the person you care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfere with your life as a carer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the last 6 months how often did your caring role:</i>						
Interfere with your responsibilities at work, such as getting to work on time, accomplishing daily tasks, or working overtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep you from spending the amount of time you would like to spend on job or career related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfere with your job or career?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
My job allows me to make my own decisions about how to schedule my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job allows me to decide on the order in which things are done on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
My job allows me to plan how I do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All in all, I am satisfied with my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, I don't like my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, I like working there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have seriously considered quitting my current job over the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I feel comfortable telling the people that I work with that I have caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people I work with support me to combine work and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

	Completely dissatisfied	1	2	3	4	Neutral	6	7	8	9	Completely satisfied
	0					5					10
Your standard of living	<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"/>
Your health	<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"/>
What you are achieving in life	<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"/>

	Completely dissatisfied	0	1	2	3	4	Neutral	5	6	7	8	9	Completely satisfied	10
Your personal relationships	<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"/>	
How safe you feel	<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"/>	
Feeling part of your community	<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"/>	
Your future security	<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"/>	

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

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
There is a special person who is around when I am in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a special person with whom I can share my joys and sorrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family really tries to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get the emotional help and support I need from my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I have a special person who is a real source of comfort to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends really try to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can count on my friends when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my problems with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends with whom I can share my joys and sorrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a special person in my life who cares about my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family is willing to help me make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk about my problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Made me feel more useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel appreciated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel strong and confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Given more meaning to my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to appreciate life more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled me to develop a more positive attitude toward life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthened my relationship with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Please indicate how much you agree with the following statement:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I feel that my caring role is recognised and valued by my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \$907.60 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:

	Very easy	Easy	Neither difficult or easy	Difficult	Very difficult	Don't know
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.