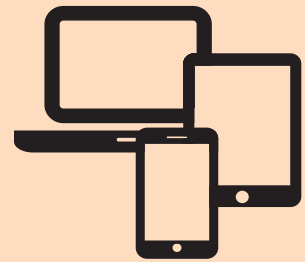


Census Household Form

Census night is Tuesday 10 August 2021

For ABS use only

Complete your Census online



① Go to www.census.abs.gov.au

② Select **Start your Census**

③ Enter your Census number

④ Enter your temporary password

OR



Complete this paper form and return it in the Reply Paid envelope without delay.

It's time to complete your Census.

Census night is Tuesday 10 August 2021. Everybody at this address on Census night must be included on this Census form, including visitors and babies.

The information you provide is used to make many important decisions about things like transport, schools, health care and infrastructure. It also helps plan services for individuals, families and communities.

This information is collected under the authority of the *Census and Statistics Act 1905*. Go to www.census.abs.gov.au or page two of this form to find out more.

Thank you for taking part.



Chris Libreri
Census General Manager

How to write your answers

- Use a blue or black pen only.
- Mark response boxes, like this:
- Use **CAPITAL** letters and only use one letter per box.

N	S	W
---	---	---
- Remember to leave a space between words, like this:

D	I	E	S	E	L		M	E
C	H	A	N	I	C			
- If you make a mistake, draw a line through the box, like this: ✗

OR draw a line through the box and continue writing, like this:

S	E	R	V	I	N	C	I
N	G		C	A	R	S	

1 What is the address of this dwelling?

Please use **CAPITAL** letters only.

Apartment/Flat/Unit number Street number (examples: 1-9, LOT 37)
 (if any)

Street name (examples: GRAHAM AVENUE, GEORGE STREET)

Suburb/Locality

State/Territory Postcode

Property/Building name (if any)

All responses are kept strictly confidential. To see our Privacy Policy, go to www.census.abs.gov.au/privacy

For more information, go to www.census.abs.gov.au

Frequently Asked Questions

Census night is Tuesday 10 August 2021



What is the Census?

The Census is a snapshot of Australia's people and housing, and tells the story of how we are changing. It is used to estimate Australia's population, distribute government funds, and plan services for communities right around Australia.

This form asks questions about health, education, cultural background, employment and living situations. This information helps make sure the right services are available to individuals, families and communities, where and when they are needed.

Go to www.census.abs.gov.au to find out more about why the Census is important.



Who do I include on the form?

Make sure every person who stayed at this address on Census night is included on this form, including visitors and babies.

We collect information based on a specific date to give us the most accurate snapshot. The Census collects information on everyone in Australia, including people from overseas.



What if I want a separate form for privacy reasons?

To request an extra form to complete your Census separately from other household members, go to www.census.abs.gov.au/paper-form or call our 24-hour automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.



Do I have to complete the Census?

Yes, the Census is compulsory. Everyone in Australia on Tuesday 10 August 2021 must be included on a Census form. This information is collected under the authority of the *Census and Statistics Act 1905*.

Go to www.census.abs.gov.au/privacy to find out more about why the Census is compulsory.



Is my information confidential?

Yes, the information you provide is confidential. The ABS is legally required to keep data secure and not release information in a way that will identify any individual, household or business. Your data is protected by the secrecy provisions of the *Census and Statistics Act 1905*.

Go to www.census.abs.gov.au/privacy to find out more about how we keep your information secure.



What if there are more than six people staying on Census night?

If there are more than six people at this address on Census night, the easiest way to complete your Census is online.

Alternatively, to request an extra paper form go to www.census.abs.gov.au/paper-form or call our 24-hour automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.



What if no one is home on Census night?

If this address is unoccupied on Census night, please go to www.census.abs.gov.au or call us on **1800 512 441** to let us know.



Need more help?

Help is available at www.census.abs.gov.au/help

There is a range of information and self-service options to help you complete your Census.

If you'd prefer to speak to someone, you can call us on **1800 512 441**.

All people must complete their Census where they spent Census night

2 Who spent the night of Tuesday 10 August 2021 in this dwelling?

- If no one is home on Census night, please go to www.census.abs.gov.au to let us know.
- Mark **all** that apply, like this:

- Me
- Spouse/partner
- Adult family members (including adult children, parents, siblings and extended family members)
- Babies, children and teenagers
- Unrelated housemates, flatmates or boarders
- Visitors or friends who spent the night of Tuesday 10 August 2021 in this dwelling

3 In total, how many people spent the night of Tuesday 10 August 2021 in this dwelling?

- Include any person who usually lives in this dwelling who returned on Wednesday 11 August 2021 without being included on a form elsewhere (for example, shift workers).

Number of people present

i If there are more than six people present, please complete your form online or call our automated paper form request service on **1800 130 250**. You will need the Census number from the front of this form.

4 Who was *away* on the night of Tuesday 10 August 2021, but usually lives in this dwelling?

- 'Usually lives' means the person has lived, or intends to live, at this address for a total of six months or more in 2021.
- Mark **all** that apply, like this:

- People away on holiday, including people who are overseas
- People away for work, in hospital or away for another reason overnight or longer
- People staying with relatives or friends
- Students away at boarding school
- Children in shared care arrangements staying elsewhere on Tuesday 10 August 2021

OR

- No one away

5 In total, how many people were *away* on the night of Tuesday 10 August 2021?

Number of people away

OR

- No one away

i For each person away, please complete Questions 58 and 59 only. Remember that each person away will also need to complete a Census form for where they were in Australia on Census night.

Please read this before continuing

The next section asks about people who were present on Census night (people included in Questions 2 and 3). The order people are listed helps us work out household and family relationships for the people who were present on Census night. To make it easier for you to answer later questions, please ensure that:

Person 1 is the *householder* if present, otherwise any **adult** member of the household.

People 2–6 can be **any other person present** including spouses, partners, adult family members, teenagers, children, babies, housemates or visitors.

<p>Person 3</p> <p>Any other person present in the household.</p>	<p>Person 4</p> <p>Any other person present in the household.</p>	<p>Person 5</p> <p>Any other person present in the household.</p>	<p>Person 6</p> <p>Any other person present in the household.</p>																																																																																																																																																																																
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<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>	<p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated but not divorced</p> <p><input type="checkbox"/> Married</p>																																																																																																																																																																																
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																																																																																																																

12 Where does the person usually live?

- For people who usually live in another country and who are visiting Australia for less than one year, mark 'Other country'.
- For other people, 'usually live' means the address at which the person has lived, or intends to live, for a total of six months or more in 2021.
- For people who have no fixed or return address (for example, due to family conflict or eviction), write 'NONE' in the 'Suburb/Locality' box.
- For boarders at boarding school, write the address of the boarding school or college.
- Mark box, like this:

Same as in Question 1

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 1

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

13 Where did the person usually live one year ago (at 10 August 2020)?

- If the person is less than one year old, leave blank.
- For people who had no usual address on 10 August 2020, write the address at which they were then living.
- Mark box, like this:

Same as in Question 12

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 12

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

14 Where did the person usually live five years ago (at 10 August 2016)?

- If the person is less than five years old, leave blank.
- For people who had no usual address on 10 August 2016, write the address at which they were then living.
- Mark box, like this:

Same as in Question 12

Same as in Question 13

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Same as in Question 12

Same as in Question 13

Elsewhere in Australia (please specify address)

Apartment/Flat/Unit number
 (if any)

Street number

Street name

Suburb/Locality

State/Territory Postcode

Other country

Person 3

Person 4

07

Person 5

Person 6

Same as in Question 1
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 1
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 1
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 1
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

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 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Same as in Question 13
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Same as in Question 13
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

Same as in Question 12
 Same as in Question 13
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country

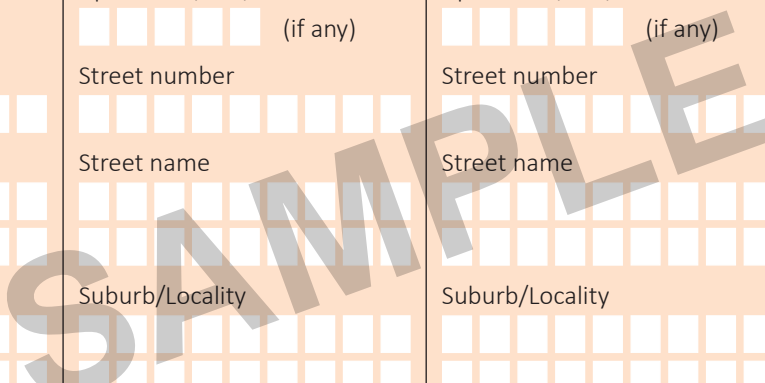
Same as in Question 12
 Same as in Question 13
 Elsewhere in Australia (please specify address)
 Apartment/Flat/Unit number
 (if any)
 Street number

 Street name

 Suburb/Locality

 State/Territory Postcode

 Other country



<p>15 Is the person an Australian citizen?</p> <ul style="list-style-type: none"> Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Yes, Australian citizen</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes, Australian citizen</p> <p><input type="checkbox"/> No</p>																																																												
<p>16 In which country was the person born?</p> <ul style="list-style-type: none"> Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Australia ► Go to 18</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Vietnam</p> <p><input type="checkbox"/> Italy</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<p><input type="checkbox"/> Australia ► Go to 18</p> <p><input type="checkbox"/> England</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> India</p> <p><input type="checkbox"/> Philippines</p> <p><input type="checkbox"/> Vietnam</p> <p><input type="checkbox"/> Italy</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
<p>17 In what year did the person first arrive in Australia to live for one year or more?</p> <ul style="list-style-type: none"> For example, for arrival in 1987 write: <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="7"/> 	<p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Year</p> <p><input type="checkbox"/> Will be in Australia for less than one year</p>	<p><input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Year</p> <p><input type="checkbox"/> Will be in Australia for less than one year</p>																																																												
<p>18 In which country was the person's father born?</p> <ul style="list-style-type: none"> If the person does not know their birth father, and has a second parent, please include the country of birth of the second parent here. If the person has same-sex parents, include the country of birth of one of the two parents here. 	<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
<p>19 In which country was the person's mother born?</p> <ul style="list-style-type: none"> If the person does not know their birth mother, and has a second parent, please include the country of birth of the second parent here. If the person has same-sex parents, include the country of birth of one of the two parents here. 	<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<p><input type="checkbox"/> Australia</p> <p>Other (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
<p>20 Does the person use a language other than English at home?</p> <ul style="list-style-type: none"> If more than one language other than English, write the one that is used most often. Include use of sign languages (for example, AUSLAN) in the 'please specify' option. Include use of Aboriginal or Torres Strait Islander languages in the 'please specify' option. Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No, English only ► Go to 22</p> <p><input type="checkbox"/> Yes, Mandarin</p> <p><input type="checkbox"/> Yes, Arabic</p> <p><input type="checkbox"/> Yes, Cantonese</p> <p><input type="checkbox"/> Yes, Vietnamese</p> <p><input type="checkbox"/> Yes, Italian</p> <p><input type="checkbox"/> Yes, Greek</p> <p>Yes, other language (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															<p><input type="checkbox"/> No, English only ► Go to 22</p> <p><input type="checkbox"/> Yes, Mandarin</p> <p><input type="checkbox"/> Yes, Arabic</p> <p><input type="checkbox"/> Yes, Cantonese</p> <p><input type="checkbox"/> Yes, Vietnamese</p> <p><input type="checkbox"/> Yes, Italian</p> <p><input type="checkbox"/> Yes, Greek</p> <p>Yes, other language (please specify)</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																														
<p>21 How well does the person speak English?</p> <ul style="list-style-type: none"> Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not at all</p>	<p><input type="checkbox"/> Very well</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Not at all</p>																																																												

Person 3

Person 4

09

Person 5

Person 6

<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No	<input type="checkbox"/> Yes, Australian citizen <input type="checkbox"/> No																																																																																																																								
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<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all	<input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all																																																																																																																								

SAMPLE



22

What is the person's ancestry?

- Provide up to **two** ancestries only.
 - Examples of 'Other ancestry': CROATIAN, SERBIAN, FILIPINO, TAMIL, SINHALESE, HMONG, MAORI, PITCAIRN, AUSTRALIAN SOUTH SEA ISLANDER.
 - Mark box, like this:
- i** Go to www.census.abs.gov.au/questions for more information.

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

23

What is the person's religion?

- Answering this question is **OPTIONAL**.
- Examples of 'Other': LUTHERAN, SALVATION ARMY, JUDAISM, TAOISM, ATHEISM.
- Mark one box, like this:

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

24

Does the person ever need someone to help with, or be with them for, self-care activities?

- For example: doing everyday activities such as eating, showering, dressing or toileting.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

25

Does the person ever need someone to help with, or be with them for, body movement activities?

- For example: getting out of bed, moving around at home or at places away from home.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

26

Does the person ever need someone to help with, or be with them for, communication activities?

- For example: understanding, or being understood by, others.

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

Person 3

Person 4

11

Person 5

Person 6

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

- English
- Irish
- Scottish
- Chinese
- Italian
- German
- Aboriginal
- Torres Strait Islander
- Australian

Other ancestry 1 (please specify)

Other ancestry 2 (please specify)

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

- No religion
- Catholic
- Anglican (Church of England)
- Uniting Church
- Islam
- Buddhism
- Presbyterian
- Hinduism
- Greek Orthodox
- Baptist

Other (please specify)

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No

- Yes, always
- Yes, sometimes
- No



<p>27 What are the reasons for the need for assistance or supervision shown in Questions 24, 25 and 26?</p> <ul style="list-style-type: none"> Mark all that apply, like this: <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason 	<ul style="list-style-type: none"> <input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason
<p>28 Has the person been told by a doctor or nurse that they have any of these long-term health conditions?</p> <ul style="list-style-type: none"> Include health conditions that have lasted or are expected to last for six months or more. Include health conditions that: <ul style="list-style-type: none"> - may recur from time to time, or - are controlled by medication, or - are in remission. Mark all that apply, like this: <input type="checkbox"/> <p>i Go to www.census.abs.gov.au/questions for more information.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition 	<ul style="list-style-type: none"> <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition
<p>29 Is the person attending a school or other education institution?</p> <ul style="list-style-type: none"> Include preschool, online, external or correspondence study. 	<ul style="list-style-type: none"> <input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student 	<ul style="list-style-type: none"> <input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student
<p>30 What type of education institution is the person attending?</p> <ul style="list-style-type: none"> Include preschool, early childhood education and centre-based day care providers. This should be marked as 'Preschool'. Include secondary colleges and senior high schools under the 'Secondary school' category. For external, online or correspondence students, mark the type of institution in which they are enrolled. Mark one box, like this: <input type="checkbox"/> 	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool Primary school <ul style="list-style-type: none"> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <ul style="list-style-type: none"> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <ul style="list-style-type: none"> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution 	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool Primary school <ul style="list-style-type: none"> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <ul style="list-style-type: none"> <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <ul style="list-style-type: none"> <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution

Person 3	Person 4	13	Person 5	Person 6
<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	<input type="checkbox"/> No need for assistance <input type="checkbox"/> Short-term health condition (lasting less than six months) <input type="checkbox"/> Long-term health condition (lasting six months or more) <input type="checkbox"/> Disability (lasting six months or more) <input type="checkbox"/> Old or young age <input type="checkbox"/> Difficulty with English language <input type="checkbox"/> Other reason	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	<input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer (including remission) <input type="checkbox"/> Dementia (including Alzheimer's) <input type="checkbox"/> Diabetes (excluding gestational diabetes) <input type="checkbox"/> Heart disease (including heart attack or angina) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Lung condition (including COPD or emphysema) <input type="checkbox"/> Mental health condition (including depression or anxiety) <input type="checkbox"/> Stroke <input type="checkbox"/> Any other long-term health condition(s) <input type="checkbox"/> No long-term health condition	
<input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	<input type="checkbox"/> No ► Go to 31 <input type="checkbox"/> Yes, full-time student <input type="checkbox"/> Yes, part-time student	
<input type="checkbox"/> Preschool Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution	<input type="checkbox"/> Preschool Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution	<input type="checkbox"/> Preschool Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution	<input type="checkbox"/> Preschool Primary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Secondary school <input type="checkbox"/> Government <input type="checkbox"/> Catholic <input type="checkbox"/> Other non-government Tertiary <input type="checkbox"/> Vocational education (including TAFE and private training providers) <input type="checkbox"/> University or other higher education <input type="checkbox"/> Other education institution	

31 Only continue for people aged 15 years or more

32 What is the highest year of primary or secondary school the person has *completed*?

- For people currently at school, mark the highest year of schooling they have completed, not the year they are currently undertaking.
- Mark one box, like this:

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school

33 Has the person *completed* any educational qualification?

- Include certificate, diploma or degree in 'Yes, other qualification'.
- Mark one box, like this:

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

- No ► **Go to 37**
- No, still studying for first qualification ► **Go to 37**
- Yes, trade certificate/apprenticeship
- Yes, other qualification

34 What is the level of the *highest* qualification the person has *completed*?

- For example: TRADE CERTIFICATE, BACHELOR DEGREE, ASSOCIATE DIPLOMA, CERTIFICATE II, ADVANCED DIPLOMA.

Level of qualification

Level of qualification

35 What is the main field of study for the person's *highest* qualification *completed*?

- For example: PLUMBING, PRIMARY SCHOOL TEACHING, ACCOUNTING, HAIRDRESSING, PSYCHOLOGY, HOSPITALITY.
- If the person has two qualifications of the same level, completed at the same time (for example, double degrees), select the qualification considered the most important to them.

Field of study

Field of study

36 Did the person *complete* this qualification before 1998?


- Mark one box, like this:

- Yes, before 1998
- No, 1998 or later

- Yes, before 1998
- No, 1998 or later

37 For each female, how many babies has she ever given birth to?

- Exclude adopted, foster and step children.

 Go to www.census.abs.gov.au/questions for more information.

- Number of babies
- None

- Number of babies
- None

38 What is the *total* of all income the person usually receives?

- **Do not deduct:** tax, superannuation contributions, amounts salary sacrificed, or any other automatic deductions.

- **Include:**

Wages and salaries

- Regular overtime
- Commissions and bonuses

Government pensions, benefits and allowances

- Age Pension
- Family Tax Benefit
- Parenting Payment
- Disability Support Pension
- JobSeeker Payment
- Youth and student allowances
- Carer Allowance
- Any other government pension, benefit or allowance

Profit or loss from

- Unincorporated business/farm (for example, sole traders, partnerships)
- Rental properties

Other income

- Income from superannuation
- Private pensions
- Child support
- Interest
- Dividends from shares
- Workers compensation
- Any other income

- Mark one box, like this:

- Information from this question provides an indication of living standards in different areas.

<input type="checkbox"/>	\$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/>	\$3,500 or more per week \$182,000 or more per year
<input type="checkbox"/>	\$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/>	\$3,000 - \$3,499 per week \$156,000 - \$181,999 per year
<input type="checkbox"/>	\$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/>	\$2,000 - \$2,999 per week \$104,000 - \$155,999 per year
<input type="checkbox"/>	\$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/>	\$1,750 - \$1,999 per week \$91,000 - \$103,999 per year
<input type="checkbox"/>	\$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/>	\$1,500 - \$1,749 per week \$78,000 - \$90,999 per year
<input type="checkbox"/>	\$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/>	\$1,250 - \$1,499 per week \$65,000 - \$77,999 per year
<input type="checkbox"/>	\$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/>	\$1,000 - \$1,249 per week \$52,000 - \$64,999 per year
<input type="checkbox"/>	\$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/>	\$800 - \$999 per week \$41,600 - \$51,999 per year
<input type="checkbox"/>	\$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/>	\$650 - \$799 per week \$33,800 - \$41,599 per year
<input type="checkbox"/>	\$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/>	\$500 - \$649 per week \$26,000 - \$33,799 per year
<input type="checkbox"/>	\$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/>	\$400 - \$499 per week \$20,800 - \$25,999 per year
<input type="checkbox"/>	\$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/>	\$300 - \$399 per week \$15,600 - \$20,799 per year
<input type="checkbox"/>	\$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/>	\$150 - \$299 per week \$7,800 - \$15,599 per year
<input type="checkbox"/>	\$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/>	\$1 - \$149 per week \$1 - \$7,799 per year
<input type="checkbox"/>	\$0 or nil income	<input type="checkbox"/>	\$0 or nil income
<input type="checkbox"/>	Negative income	<input type="checkbox"/>	Negative income

39 Last week, did the person have a job of any kind?

- A 'job' means any type of work including casual, temporary, part-time or full-time work, if it was for one hour or more.

- Mark one box, like this:

-  Go to www.census.abs.gov.au/questions for more information.

<input type="checkbox"/>	Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/>	Yes, worked for payment or profit ▶ Go to 40
<input type="checkbox"/>	Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40	<input type="checkbox"/>	Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40
<input type="checkbox"/>	Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/>	Yes, unpaid work in a family business ▶ Go to 43
<input type="checkbox"/>	Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/>	Yes, other unpaid work ▶ Go to 51
<input type="checkbox"/>	No, did not have a job ▶ Go to 51	<input type="checkbox"/>	No, did not have a job ▶ Go to 51

40 In the main job held last week, was the person:

- If the person had more than one job last week, then 'main job' refers to the job in which the person usually works the most hours.
- For all people conducting their own business, including those with their own incorporated (e.g. Pty Ltd) company, as well as sole traders, partnerships and contractors, mark 'Working in own business'.
- Mark one box, like this:

<input type="checkbox"/>	Working for an employer ▶ Go to 43	<input type="checkbox"/>	Working for an employer ▶ Go to 43
<input type="checkbox"/>	Working in own business	<input type="checkbox"/>	Working in own business

Person 3

Person 4

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Person 5

Person 6

<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year	<input type="checkbox"/> \$3,500 or more per week \$182,000 or more per year
<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year	<input type="checkbox"/> \$3,000 - \$3,499 per week \$156,000 - \$181,999 per year
<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year	<input type="checkbox"/> \$2,000 - \$2,999 per week \$104,000 - \$155,999 per year
<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year	<input type="checkbox"/> \$1,750 - \$1,999 per week \$91,000 - \$103,999 per year
<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year	<input type="checkbox"/> \$1,500 - \$1,749 per week \$78,000 - \$90,999 per year
<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year	<input type="checkbox"/> \$1,250 - \$1,499 per week \$65,000 - \$77,999 per year
<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year	<input type="checkbox"/> \$1,000 - \$1,249 per week \$52,000 - \$64,999 per year
<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year	<input type="checkbox"/> \$800 - \$999 per week \$41,600 - \$51,999 per year
<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year	<input type="checkbox"/> \$650 - \$799 per week \$33,800 - \$41,599 per year
<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year	<input type="checkbox"/> \$500 - \$649 per week \$26,000 - \$33,799 per year
<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year	<input type="checkbox"/> \$400 - \$499 per week \$20,800 - \$25,999 per year
<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year	<input type="checkbox"/> \$300 - \$399 per week \$15,600 - \$20,799 per year
<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year	<input type="checkbox"/> \$150 - \$299 per week \$7,800 - \$15,599 per year
<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year	<input type="checkbox"/> \$1 - \$149 per week \$1 - \$7,799 per year
<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income	<input type="checkbox"/> \$0 or nil income
<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income	<input type="checkbox"/> Negative income
<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40	<input type="checkbox"/> Yes, worked for payment or profit ▶ Go to 40
<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40	<input type="checkbox"/> Yes, but absent on holidays, on paid leave, on strike, or temporarily stood down ▶ Go to 40
<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43	<input type="checkbox"/> Yes, unpaid work in a family business ▶ Go to 43
<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51	<input type="checkbox"/> Yes, other unpaid work ▶ Go to 51
<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51	<input type="checkbox"/> No, did not have a job ▶ Go to 51
<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43	<input type="checkbox"/> Working for an employer ▶ Go to 43
<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business	<input type="checkbox"/> Working in own business

<p>41 Was the person's business:</p> <ul style="list-style-type: none"> Incorporated means a limited liability company. Mark one box, like this: <input type="checkbox"/> 	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)	<input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated (e.g. Pty Ltd)																																																																																																																																																																																																								
<p>42 Does the person's business employ people?</p> <ul style="list-style-type: none"> Exclude owner(s) of the business. Mark one box, like this: <input type="checkbox"/> 	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees	<input type="checkbox"/> No, no employees (other than owner/s) <input type="checkbox"/> Yes, 1 - 19 employees <input type="checkbox"/> Yes, 20 or more employees																																																																																																																																																																																																								
<p>43 In the main job held last week, what was the person's occupation?</p> <ul style="list-style-type: none"> Give full title. For example: REGISTERED AGED CARE NURSE, HOUSE CLEANER, RETAIL SALES ASSISTANT, ORE CRUSHING MACHINE OPERATOR. For public servants, write occupation title and level. For example: CUSTOMER SERVICE OFFICER APS5. For armed services personnel, write rank and occupation. 	Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					Occupation <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p>44 What are the main tasks that the person usually performs in that occupation?</p> <ul style="list-style-type: none"> Give full details. For example: NURSING THE AGED, CLEANING HOUSES, SELLING CLOTHING IN A DEPARTMENT STORE, OPERATING AN ORE CRUSHER IN A PROCESSING FACILITY. For managers, write the function managed. For example: MANAGING CONSTRUCTION PROJECTS, MANAGING A HOTEL, MANAGING HUMAN RESOURCES. 	Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					Tasks or duties <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p>45 For the main job held last week, what was the employer's business name?</p> <ul style="list-style-type: none"> For self-employed people, write the name of their business. For teachers, write the name of the school. 	Business name <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					Business name <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p>46 What best describes the industry or business of the employer at the location where the person works?</p> <ul style="list-style-type: none"> Examples for industry or business of the employer: SECONDARY SCHOOL EDUCATION, GOLD MINING, IT CONSULTING SERVICE, DOMESTIC CLEANING SERVICE, APARTMENT CONSTRUCTION. 	Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					Industry/business of the employer <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				
<p>47 What are the main goods produced or main services provided by the employer's business?</p> <ul style="list-style-type: none"> Describe as fully as possible, using two words or more. For example: PROVIDING EDUCATION TO SECONDARY SCHOOL STUDENTS, MINING GOLD ORE, PROVIDING INFORMATION TECHNOLOGY ADVICE, HOUSE CLEANING, CONSTRUCTION OF RESIDENTIAL BUILDINGS. 	Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																					Goods produced/services provided <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				

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SAMPLE

Person 3

Person 4

21

Person 5

Person 6

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<p> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work </p>	<p> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work </p>	<p> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work </p>	<p> <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Tram (including light rail) <input type="checkbox"/> Taxi or ride-share service <input type="checkbox"/> Car – as a driver <input type="checkbox"/> Car – as a passenger <input type="checkbox"/> Truck <input type="checkbox"/> Motorbike or motor scooter <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked only <input type="checkbox"/> Other <input type="checkbox"/> Worked at home <input type="checkbox"/> Did not go to work </p>
<p> <input type="text"/> Hours worked <input type="checkbox"/> None </p>	<p> <input type="text"/> Hours worked <input type="checkbox"/> None </p>	<p> <input type="text"/> Hours worked <input type="checkbox"/> None </p>	<p> <input type="text"/> Hours worked <input type="checkbox"/> None </p>
<p> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work </p>	<p> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work </p>	<p> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work </p>	<p> <input type="checkbox"/> No, did not look for work ► Go to 53 <input type="checkbox"/> Yes, looked for full-time work <input type="checkbox"/> Yes, looked for part-time work </p>
<p> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason </p>	<p> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason </p>	<p> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason </p>	<p> <input type="checkbox"/> Yes, could have started work last week <input type="checkbox"/> No, already had a job to go to <input type="checkbox"/> No, temporarily ill or injured <input type="checkbox"/> No, other reason </p>

<p>53 Has the person ever served in the Australian Defence Force?</p> <ul style="list-style-type: none"> • Include Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE. • Exclude service for non-Australian defence forces. • Mark all that apply, like this: <input type="checkbox"/> <p>i Go to www.census.abs.gov.au/questions for more information.</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>
<p>54 In the last twelve months did the person spend any time doing unpaid voluntary work for an organisation or group?</p> <ul style="list-style-type: none"> • Include unpaid voluntary work for sporting teams, youth groups, schools or religious organisations. • Exclude work in a family business or paid employment. • Exclude work to qualify for a government benefit, to obtain an educational qualification or due to a community/court order. • Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>
<p>55 In the last week did the person spend time doing unpaid domestic work for their household?</p> <ul style="list-style-type: none"> • Include all housework, food/drink preparation and clean-up, laundry, gardening, home maintenance and repairs, household shopping and finance management. • Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>
<p>56 In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age?</p> <ul style="list-style-type: none"> • People who receive Carer Allowance or Carer Payment should mark 'Yes, provided unpaid care, help or assistance'. • Occasional help or assistance, such as shopping, should only be included if the person needs this type of assistance because of their condition. • Do not include work done through a voluntary organisation or group. • Mark one box, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>
<p>57 In the last two weeks did the person spend time looking after a child, without pay?</p> <ul style="list-style-type: none"> • Only include children who were less than 15 years of age. • Mark all that apply, like this: <input type="checkbox"/> 	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>

Person 3

Person 4

23

Person 5

Person 6

<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>	<p><input type="checkbox"/> No</p> <p>Regular Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p> <p>Reserves Service</p> <p><input type="checkbox"/> Yes, current service</p> <p><input type="checkbox"/> Yes, previous service</p>
<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>	<p><input type="checkbox"/> No, did not do unpaid voluntary work</p> <p><input type="checkbox"/> Yes, did unpaid voluntary work</p>
<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input checked="" type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>	<p><input type="checkbox"/> No, did not do any unpaid domestic work in the last week</p> <p><input type="checkbox"/> Yes, less than 5 hours</p> <p><input type="checkbox"/> Yes, 5 - 14 hours</p> <p><input type="checkbox"/> Yes, 15 - 29 hours</p> <p><input type="checkbox"/> Yes, 30 hours or more</p>
<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>	<p><input type="checkbox"/> No, did not provide unpaid care, help or assistance</p> <p><input type="checkbox"/> Yes, provided unpaid care, help or assistance</p>
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, looked after own child</p> <p><input type="checkbox"/> Yes, looked after a child other than own child</p>



58 Were there any people *away* on the night of Tuesday 10 August 2021 who usually live in this dwelling?

- ‘Usually live’ means the person has lived, or intends to live, at this address for a total of six months or more in 2021.
- Include people counted as away in Questions 4 and 5.

- No, no one away **▶ Go to 60**
- Yes, someone away **▶ Go to 59**

59 For each person *away*, complete the following questions

Remember that each person away will also need to complete a Census form for where they were in Australia on Census night.

<p>Name of each person who usually lives in this dwelling, but was away on Tuesday 10 August 2021.</p>	<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<p>First or given name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Surname or family name</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
<p>Is the person:</p> <ul style="list-style-type: none"> • Mark box, like this: <input checked="" type="checkbox"/> 	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary sex</p>																																																																																																																								
<p>What is the person’s date of birth and age?</p> <ul style="list-style-type: none"> • If date of birth is not known, please give age. Example: <p>Day Month Year</p> <p><input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="3"/></p> <p>Age</p> <p>AND <input type="text" value="2"/> <input type="text" value="8"/> Years</p>	<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>AND</p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																									<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>AND</p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																									<p>Day Month Year</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>AND</p> <p>Age</p> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> </table> <p>Years</p>																																																																								
<p>Is the person of Aboriginal or Torres Strait Islander origin?</p> <ul style="list-style-type: none"> • For people of both Aboriginal and Torres Strait Islander origin, mark both ‘Yes’ boxes. 	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>																																																																																																																								
<p>Is the person a full-time student?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>																																																																																																																								
<p>What is the person’s relationship to Person 1/Person 2?</p> <ul style="list-style-type: none"> • Examples of other relationships: SON-IN-LAW, GRAND-DAUGHTER, UNCLE, BOARDER. 	<p><input type="checkbox"/> Husband or wife of Person 1</p> <p><input type="checkbox"/> De facto partner of Person 1</p> <p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<p><input type="checkbox"/> Husband or wife of Person 1</p> <p><input type="checkbox"/> De facto partner of Person 1</p> <p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					<p><input type="checkbox"/> Husband or wife of Person 1</p> <p><input type="checkbox"/> De facto partner of Person 1</p> <p><input type="checkbox"/> Child of both Person 1 and Person 2</p> <p><input type="checkbox"/> Child of Person 1 only</p> <p><input type="checkbox"/> Child of Person 2 only</p> <p><input type="checkbox"/> Unrelated flatmate or co-tenant of Person 1</p> <p>Other relationship to Person 1 (please specify)</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																

Thank you for taking part.



Need help to complete your Census?

We are here to help – online, in person or over the phone.
 Go to **www.census.abs.gov.au/help** for frequently asked questions, self-service options, and information about getting help in person.
 You can also call us on **1800 512 441**.



National Relay Service

If you are deaf, hard of hearing and/or have a speech impairment, you can contact us through the National Relay Service.



Language support

To access in-language support, you can contact the Translating and Interpreting Service (TIS National) on **131 450**.



If you complete the Census online, please recycle this paper form.

Census data is used to inform many things, from national decisions to local services such as:



the allocation of national funding for education, health and infrastructure.



planning for aged care and improving the well-being of older Australians.



improving access to health care in regional and rural communities.



FIELD STAFF USE ONLY

RAS

CCF
 QA

ASC

FOM
 INC

HOM

RGH

DFA number

Record number

OFFICE USE ONLY

DCC

TRN
 U15
 NAH
 UNO
 PFR
 COM
 REF

RAS

CCF
 QA

HOM

QA

