Please cite this instrument as:

INSTRUCTIONS:

*Please read each question carefully and indicate your selection by ticking the appropriate circle* 

PERSONAL DETAILS

1 Surname:..........................................................

2 First Name:......................................................

3 Marital Status?
   - Single
   - Married or De Facto
   - Separated or Divorced
EDUCATION

4 Highest level of education achieved?
   ○ Primary
   ○ Secondary
   ○ Technical or Further Educational Institution
   ○ University or other Tertiary Institution
   ○ Other (Please specify)

5 Were you undertaking any further education at the time of your hospitalisation in 2004?
   ○ NO
   ○ YES (Please specify):............................
     If YES, were you unable to complete these studies due to your injury?
     ○ YES
     ○ NO

6 Are you currently undertaking any further education?
   ○ NO
   ○ YES (Please specify):............................................
EMPLOYMENT

7 What is your current employment status?

- Unemployed
  - If YES, were you unemployed as a result of your injury?
    - YES
    - NO
  - Not looking for work
  - Retired
  - Student
  - Employed

In what capacity are you employed?

- Full-time
- Part-time..........hrs/week
- Casual..........hrs/week

If employed, what is your current occupation? (Please specify)............

When you returned to work after your hospitalisation did you undertake lower duties or occupational rehabilitation?

- NO
- YES (Please specify)............week/s

Due to your hospitalisation do you regularly require time off work?

- NO
- YES (Please specify, e.g. visiting doctor)..............hrs/month
8  Prior to your hospital admission in 2004 what was your employment status?
   ○ Unemployed
   ○ Not looking for work
   ○ Retired
   ○ Student
   ○ Employed (Please specify):..........................
   In what capacity are you employed?
   ○ Full-time
   ○ Part-time.......hrs/week
   ○ Casual...........hrs/week

9  Was there a period of time after your hospitalisation where you were unable to work?
   ○ NO
   ○ YES (Please circle)
      ○ 1 week
      ○ 1 month
      ○ 3 months
      ○ 6 months
      ○ Permanently unable to work
      ○ Other (Please specify):..........................
   During this period, what type of leave arrangements were used?
   ○ Sick leave
   ○ Flexible hours
   ○ Leave without pay
   ○ Other (Please specify):..........................
INCOME

10 Before tax is taken out, what is your current weekly income from employment?

- Negative/Nil income
- $1 - $39
- $40 - $79
- $80 - $119
- $120 - $159
- $160 - $199
- $200 - $299
- $300 - $399
- $400 - $499
- $500 - $599
- $600 - $699
- $700 - $799
- $800 - $999
- $1,000 - $1,499
- $1,500 or more
11 Prior to your hospitalisation, what was your average weekly income (before tax) from your employment?

- Negative/Nil income
- $1 - $39
- $40 - $79
- $80 - $119
- $120 - $159
- $160 - $199
- $200 - $299
- $300 - $399
- $400 - $499
- $500 - $599
- $600 - $699
- $700 - $799
- $800 - $999
- $1,000 - $1,499
- $1,500 or more
12 Do you currently receive any government or private financial benefits?

○ Government Financial Benefits: (Please specify $/week)
  ○ Newstart Allowance
  ○ Pension
  ○ Youth Allowance
  ○ Sole Parent Allowance
  ○ Worker’s Compensation Benefits
  ○ Sickness Allowance
  ○ Carer’s Benefit
  ○ Other

○ Private Financial Benefits? (Please specify)
  ○ Employee disability and injury insurance:..................($/week)
  ○ Employee income protection:..............................(% of income)
  ○ Other:..........................................................................($/week)

13 Did you receive any government or private benefits prior to your hospitalisation in 2004?

○ NO
○ YES

○ Government Financial Benefits: (Please specify $/week)
  ○ Newstart Allowance
  ○ Pension
  ○ Youth Allowance
  ○ Sole Parent Allowance
○ Worker's Compensation Benefits
○ Sickness Allowance
○ Carer's Benefit
○ Other

○ Private Financial Benefits: (Please specify)
  ○ Employee disability and injury insurance:........($/week)
  ○ Income Protection:............................. (% of income)
  ○ Other:..............................................................($/week)

CONCESSIONS

14 Do you receive any concessions for health care costs?
  ○ Pension card
  ○ Department of Veteran Affairs
  ○ Medicare Safety Net Card
  ○ Private Health Insurance
  ○ Other (Please specify):............................................
DIRECT COSTS

15 Did your injury in 2004 result in any direct expenses related to property damage? (Please specify)

<table>
<thead>
<tr>
<th>Nature of Expenses</th>
<th>Cost ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Insurance expense for car repairs</td>
<td>$400</td>
</tr>
</tbody>
</table>

16 As a result of your injury have you incurred additional health care and living expenses? (Please specify $/week)

- [ ] Home carer
- [ ] Medications
- [ ] Mobility aides
- [ ] Dietary requirements
- [ ] Home renovations
- [ ] Community Nurse
- [ ] Allied Health Care
- [ ] Counselling
- [ ] Transport Costs
- [ ] Other
INDIRECT COSTS

17 If applicable, please specify

○ Hours per week allocated by family/friends in assisting with your care ...............hrs

○ Are these family members/friends usually involved in paid employment?
  ○ NO
  ○ YES
    ○ Full-time
    ○ Part-time
    ○ Casual: hrs/week.............

○ Before your family member/friend became your carer what was their average weekly income..................$/week

○ Age of family member/friend caring for you....................years

○ What is the average weekly time you spend accessing health care services..................hrs/week

○ Do you presently participate in volunteer work
  ○ NO
  ○ YES (Please specify)
    ○ Type of volunteer work
    ○ hrs/week.............
HEALTH STATUS

18 Did you suffer from any illness or disability prior to your hospitalisation?
   ○ NO
   ○ YES (Please specify):........................................................................

19 Have you developed any secondary illness as a result of your injury in [insert year]?
   ○ NO
   ○ YES (Please specify):........................................................................

20 Have you been readmitted to hospital since your initial hospital admission in [insert year]?
   ○ NO
   ○ YES (Please Specify)
      ○ Which hospital? ...........................................................................
      ○ Date of admission:.................................................................
      ○ Cause of admission:..............................................................
21 In the last two weeks how many times have you used the following health services? (Please specify number of visits)

- Emergency Ward: ............................................................
- General Practitioner: ........................................................
- Specialist Doctor: ...........................................................
- Allied Health Practitioner (e.g Physiotherapist): .............
- Other (Please specify) ....................................................