

Thank you for taking the time to complete this survey. By sharing your opinions and experiences, you will help the National Network of Carer Associations advocate for greater recognition and support of carers across Australia. Please take the time to read the enclosed Participant Information and Consent Form prior to participating.

There are two ways you can complete the survey:

- 1) Online via the website <http://bit.ly/2020NationalCarerSurvey> by **30 June 2020**
- 2) By completing this form and returning it in the reply paid envelope provided, no later than **30 June 2020**

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

At the end of the survey, you will be asked whether you would like to be contacted for a follow-up study on the long-term effects of caring in 2022. You can participate in this survey regardless whether you choose to be part of the follow-up study.

By completing and returning this survey you indicate that you have read the enclosed Participant Information and Consent Form, that you voluntarily agree to participate, and that you are at least 16 years of age.

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

SCREENING QUESTIONS

1. In which state or territory do you live?

- | | |
|---|--|
| <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> New South Wales |
| <input type="checkbox"/> Northern Territory | <input type="checkbox"/> Queensland |
| <input type="checkbox"/> South Australia | <input type="checkbox"/> Tasmania |
| <input type="checkbox"/> Victoria | <input type="checkbox"/> Western Australia |

2. Do you look after someone (or help look after someone) who has a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, or who needs care due to ageing?

- ☐ Yes (**go to Question 3**)
- ☐ Not currently, but I have in the past (**go to Question 3**)
- ☐ No (unfortunately you do not fit our respondent profile. Thank you for your interest.)

3. Is/was the person you care(d) for a family member, friend or neighbour?

- ☐ Yes (**if you currently provide care please go to Question 4, if you no longer provide care please go to Question 18**)
- ☐ No, I care for the person(s) as paid work (i.e., nurse, support worker) (Unfortunately you do not fit our respondent profile. Thank you for your interest.)
- ☐ No, I care for the person(s) as a formal volunteer (Unfortunately you do not fit our respondent profile. Thank you for your interest.)

SECTION 1: THE CARING RELATIONSHIP

4. How many people do you care for? _____

The following questions are about the person/people you care for because of their needs arising from a disability, chronic condition, mental ill health or advanced age. If you care for more than one person, please complete both columns, thinking about the **two** people you provide the **most** care for.

PERSON 1

5. What is this person's gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary / gender diverse
- ☐ Their gender identity isn't listed.
They identify as: _____
- ☐ Prefer not to say

6. How old is this person?

_____ years

7. What is this person's relationship to you?

They are my:

- ☐ Parent or parent in law
- ☐ Partner or spouse
- ☐ Child (incl. adult son or daughter)
- ☐ Brother or sister
- ☐ Grandparent
- ☐ Friend
- ☐ Neighbour
- ☐ Other, please specify:

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

9. Does this person speak a language other than English at home? (e.g. Vietnamese, Auslan)

- ☐ Yes, they speak

- ☐ No, English only

PERSON 2

5. What is this person's gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary / gender diverse
- ☐ Their gender identity isn't listed.
They identify as: _____
- ☐ Prefer not to say

6. How old is this person?

_____ years

7. What is this person's relationship to you?

They are my:

- ☐ Parent or parent in law
- ☐ Partner or spouse
- ☐ Child (incl. adult son or daughter)
- ☐ Brother or sister
- ☐ Grandparent
- ☐ Friend
- ☐ Neighbour
- ☐ Other, please specify:

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

9. Does this person speak a language other than English at home? (e.g. Vietnamese, Auslan)

- ☐ Yes, they speak

- ☐ No, English only

PERSON 1 (continued)

10. Is this person of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both
- ☐ Prefer not to say

11. For what conditions / disabilities / illnesses does this person need your care?

Please tick all that apply, even if the person you care for has not received an official diagnosis.

- ☐ Physical disability
 - ☐ Sensory impairment (e.g. loss of hearing or loss of vision)
 - ☐ Frailty due to ageing
 - ☐ Intellectual disability
 - ☐ Autism Spectrum Disorder
 - ☐ Mental illness
 - ☐ Drug or alcohol dependency
 - ☐ Dementia
 - ☐ Chronic health condition
 - ☐ Terminal or serious illness
 - ☐ Acquired brain injury, stroke
 - ☐ Neurological condition (e.g. epilepsy, Parkinson's disease, multiple sclerosis)
 - ☐ Other, please specify:
-

12. Do you and the person you care for live in the same household?

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

PERSON 2 (continued)

10. Is this person of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both
- ☐ Prefer not to say

11. For what conditions / disabilities / illnesses does this person need your care?

Please tick all that apply, even if the person you care for has not received an official diagnosis.

- ☐ Physical disability
 - ☐ Sensory impairment (e.g. loss of hearing or loss of vision)
 - ☐ Frailty due to ageing
 - ☐ Intellectual disability
 - ☐ Autism Spectrum Disorder
 - ☐ Mental illness
 - ☐ Drug or alcohol dependency
 - ☐ Dementia
 - ☐ Chronic health condition
 - ☐ Terminal or serious illness
 - ☐ Acquired brain injury, stroke
 - ☐ Neurological condition (e.g. epilepsy, Parkinson's disease, multiple sclerosis)
 - ☐ Other, please specify:
-

12. Do you and the person you care for live in the same household?

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

PERSON 1 (continued)

13. Do any other family members / friends help take care of this person?

- ☐ I am the only one who provides care
- ☐ I provide the most care, but others help with care sometimes
- ☐ Someone else provides the most care, but I help with care sometimes

14. How long can this person be left alone?

- ☐ Not at all
- ☐ Less than an hour
- ☐ A few hours
- ☐ One day
- ☐ A few days
- ☐ More than a few days

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

_____ hours per week

16. How long have you been caring for this person?

- ☐ Less than 1 year
- ☐ _____ years

17. Have you previously cared for anyone who you are no longer caring for?

- ☐ Yes
- ☐ No (Please go to Question 22)

18. Please indicate who you have previously cared for, but are no longer caring for. If you cared for more than one person in the past, please think of the person you cared for most recently:

- ☐ Parent or parent in law
- ☐ Partner or spouse
- ☐ Child (incl. adult son or daughter)
- ☐ Brother or sister
- ☐ Grandparent
- ☐ Friend
- ☐ Neighbour
- ☐ Other, please specify: _____

19. How long did you care for this person?

- ☐ Less than 1 year
- ☐ _____ years

20. How long ago did this caring role end?

- ☐ Less than a year ago
- ☐ _____ years ago

PERSON 2 (continued)

13. Do any other family members / friends help take care of this person?

- ☐ I am the only one who provides care
- ☐ I provide the most care, but others help with care sometimes
- ☐ Someone else provides the most care, but I help with care sometimes

14. How long can this person be left alone?

- ☐ Not at all
- ☐ Less than an hour
- ☐ A few hours
- ☐ One day
- ☐ A few days
- ☐ More than a few days

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

_____ hours per week

16. How long have you been caring for this person?

- ☐ Less than 1 year
- ☐ _____ years

21. Why did this caring role end?

Please tick all that apply.

- ☐ The person I cared for no longer required care
- ☐ The person I cared for passed away
- ☐ Someone else took over the caring role, please tell us who (e.g. their child, sibling, or friend)

☐ I couldn't continue caring

☐ Other, please specify: _____

If you are a former carer, and you are not **currently** providing care for someone, please go to Question 40.

SECTION 2: YOUR CARING ROLE

22. Please tick all the types of support you provide to the person(s) you care for. Please also rank the 5 tasks that require the most effort from you (5 = most effort, 1 = less effort).

Please tick all that apply.

	Tick	Rank
Personal care (e.g. eating, showering, dressing)	<input type="checkbox"/>	___
Mobility (e.g. walking, getting out of bed)	<input type="checkbox"/>	___
Communication (e.g. reading, writing, helping them articulate themselves in conversations)	<input type="checkbox"/>	___
Interpreting or translating for them from or into another language	<input type="checkbox"/>	___
Advocacy (e.g. helping them dispute a treatment or a decision)	<input type="checkbox"/>	___
Cognitive or emotional tasks (e.g. making decisions, managing difficult feelings)	<input type="checkbox"/>	___
Help with organising finances (e.g. helping them budgeting, assisting with online banking)	<input type="checkbox"/>	___
Handling their finances (e.g. making financial decisions for them, managing their accounts)	<input type="checkbox"/>	___
Administrative support (e.g. filling out forms, sending emails or making phone calls on their behalf)	<input type="checkbox"/>	___
Coordinating support services or care workers (e.g. finding and booking services, dealing with service providers)	<input type="checkbox"/>	___
Health care (e.g. assisting with taking medication, injections, or wound care)	<input type="checkbox"/>	___
Transport (e.g. driving them to appointments, taking public transport with them)	<input type="checkbox"/>	___
Household chores (e.g. cleaning, cooking, shopping)	<input type="checkbox"/>	___
Property maintenance (e.g. mowing lawns, cleaning gutters)	<input type="checkbox"/>	___
Social support (e.g. helping them to engage in relationships and in the community)	<input type="checkbox"/>	___
Checking on them, seeing whether they are okay	<input type="checkbox"/>	___
Behavioural support (e.g. dealing with behaviours such as aggression or social withdrawal)	<input type="checkbox"/>	___
Other, please specify: _____	<input type="checkbox"/>	___

23. Do you feel confident that you have the necessary skills for what you are doing in your caring role?

☐ Very confident ☐ Confident ☐ Somewhat confident ☐ Not at all confident ☐ Prefer not to say

24. Please tell us how your caring role has affected your relationships with the person you care for, your family or friends?

SECTION 3: SERVICES AND SUPPORT

25. Does someone you care for currently use aged care services?

Please tick all that apply

Aged care services are services designed for people over the age of 65 years (or over the age of 50 years for Aboriginal and Torres Strait Islander Australians). They may be government funded or purchased privately.

- ☐ No, nobody that I care for currently needs aged care services **(Please go to Question 28)**
- ☐ Yes, someone I care for uses entry-level, aged care services subsidised by the Commonwealth Home Support Program (CHSP), such as cleaning, community transport, or basic in-home support
- ☐ Yes, someone I care for has a Home Care Package (Level 1, 2, 3 or 4), a government funded package of support that enables them to purchase aged care services, such as personal care, or respite
- ☐ Yes, someone I care for pays for aged care services privately, such as cleaning, or in-home support
- ☐ Yes, someone I care for lives in residential aged care, for example a nursing home or care facility
- ☐ Someone I care for is receiving aged care services, but I don't know which services they are using
- ☐ Other, please specify: _____ **(Please go to Question 27)**
- ☐ Someone I care for needs aged care services but is currently unable to access these services **(Please go to Question 27)**

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
When the person I care for accesses aged care services...						
...I am asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I am provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The aged care services received by the person I care for...						
...give me a break from providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...enable me to keep my job, or go back to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet the needs of the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my needs as a carer (e.g. are available when I can't provide care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my expectations for quality and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are easy to organise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Have you or the person(s) you care for experienced any of the following challenges with aged care services? Please tick all that apply.

- ☐ The person I care for was not eligible for the required services
- ☐ The service received was at a lower level than what was required
- ☐ There was a long waiting period to get assessed
- ☐ There was a long waiting period to access services
- ☐ The services required were not available locally
- ☐ There were no culturally appropriate services available (e.g. accommodating for cultural background, language spoken, or gender identity)
- ☐ There were concerns about the quality or safety of the services
- ☐ The cost of services (including co-payments) was too high
- ☐ It was difficult to find information about what services were available and how to access them
- ☐ It took too much time and energy to organise the services
- ☐ The person(s) I care for did not want to use services
- ☐ Other, please describe: _____
- ☐ None of the above

Please leave any comments you might have on your experience with aged care services:

28. Does someone you care for currently receive support through the National Disability Insurance Scheme (NDIS)? Please tick all that apply.

The National Disability Insurance Scheme (NDIS) provides government funded services to people under the age of 65 years who have a significant or permanent disability.

- ☐ No, nobody I care for currently needs disability services **(Please go to Question 31)**
- ☐ Yes, someone I care for has a National Disability Insurance Scheme plan (NDIS plan)
- ☐ Someone I care for needs the NDIS, but has not been able to access these services to date **(Please go to Question 30)**
- ☐ Someone I care for uses disability services outside of the NDIS **(Please go to Question 30)**
- ☐ Other, please specify: _____ **(Please go to Question 30)**
- ☐ I don't know **(Please go to Question 30)**

29. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>The local area coordinator (LAC) / NDIS planner...</i>						
... asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...provided me with all the information I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>The supports included in the NDIS plan (for the person I care for)...</i>						
...give me a break from providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...enable me to keep my job, or go back to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet the needs of the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my needs as a carer (e.g. are available when I can't provide care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my expectations for quality and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are easy to organise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Have you or the person(s) you care for experienced any of the following challenges with the NDIS or other disability services? Please tick all that apply.

- ☐ The person I care for was not eligible for the NDIS
- ☐ The person I care for did not receive enough funding in their NDIS plan
- ☐ Services outside the NDIS (either in addition to, or instead of the NDIS) were not available
- ☐ There was a long waiting period to get assessed
- ☐ There was a long waiting period to access services
- ☐ The services required were not available locally
- ☐ There were no culturally appropriate services available (e.g. accommodating for cultural background, language spoken, or gender identity)
- ☐ The cost of services (including co-payments) was too high
- ☐ It was difficult to find information about what services were available and how to access them
- ☐ It took too much time and energy to organise the services
- ☐ The person(s) I care for did not want to use services
- ☐ Other, please describe: _____
- ☐ None of the above

Please leave any comments you might have on your experience with disability services:

31. Does someone you care for currently use mental health services?

Please tick all that apply

Mental health services include government funded community services, hospital services and Medicare subsidised clinical support (e.g. psychology appointments) that assist people experiencing mental ill health or living with a mental illness.

- ☐ No, nobody I care for currently needs mental health services **(Please go to Question 34)**
- ☐ Yes, someone I care for uses hospital based mental health services as admitted patient or in out-of-hospital care
- ☐ Yes, someone I care for sees a private psychologist or psychiatrist
- ☐ Yes, someone I care for uses community mental health services, such as drop-in clinics, or rehabilitation programs
- ☐ Someone I care for needs mental health services but has not been able to access these services to date **(Please go to Question 33)**
- ☐ I don't know **(Please go to Question 33)**
- ☐ Other, please specify: _____ **(Please go to Question 33)**

32. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>When the person I care for accesses mental health services...</i>						
...I am asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I am provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The mental health services received by the person I care for...</i>						
...give me a break from providing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...enable me to keep my job, or go back to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet the needs of the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my needs as a carer (e.g. are available when I can't provide care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...meet my expectations for quality and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are easy to organise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Have you or the person(s) you care for experienced any of the following challenges with mental health services? Please tick all that apply.

- ☐ The person I care for was not eligible for the required services
- ☐ The service received was at a lower level than required
- ☐ There was a long waiting period to access services
- ☐ The services required were not available locally
- ☐ There were no culturally appropriate services available (e.g. accommodating for cultural background, language spoken, or gender identity)
- ☐ The cost of services (including co-payments) was too high
- ☐ It was difficult to find information about what services were available and how to access them
- ☐ It took too much time and energy to organise the services
- ☐ The person(s) I care for did not want to use services
- ☐ Other, please describe: _____
- ☐ None of the above

Please leave any comments you might have on your experience with mental health services:

The following questions are about when the person you care for accesses health services, including a general practitioner (GP) or family doctor, community health services and services within a hospital. Please indicate how much you agree with the following statements:

34. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>When I accompany the person I care for to visit a GP...</i>						
...I am asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I am provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>When I accompany the person I care on a visit to the hospital or community health service...</i>						
...I am asked about my needs as a carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...I am provided with all the information I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...there are sufficient support options and facilities for carers (e.g. seating, overnight rooms, transport support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Please leave any comments you might have on your experience with health services:

36. Which of the following carer support services do you currently use?
Which would you like to use more?

Support type	I am currently using this support	I would like to use this support more
Carer peer support (face to face carer support groups)	<input type="checkbox"/>	<input type="checkbox"/>
Online forums or groups	<input type="checkbox"/>	<input type="checkbox"/>
In-person carer counselling (counselling designed specifically to address challenges relating to the caring role)	<input type="checkbox"/>	<input type="checkbox"/>
Carer counselling over the phone	<input type="checkbox"/>	<input type="checkbox"/>
Carer coaching or mentoring (working on personal goals and resilience relating to the caring role, one-to-one)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency respite (care in a facility or in the home provided when you are suddenly unable to provide care for a period of time)	<input type="checkbox"/>	<input type="checkbox"/>
Planned respite (care in a facility or in the home booked in advance so that you are able to participate in other activities or take a longer break from caring)	<input type="checkbox"/>	<input type="checkbox"/>
Carer specific online information or training courses	<input type="checkbox"/>	<input type="checkbox"/>
Carer specific face-to-face information sessions or workshops	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

37. Have you heard of the Carer Gateway?

- ☐ No
- ☐ Yes, and I have used it (e.g. called the 1800 number, visited the website, accessed services from a Carer Gateway Service Provider in my local area)
- ☐ Yes, but I have not used it

Please leave any comments you might have on your experience with the Carer Gateway:

38. How much do you agree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I never get time out from my caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to take just enough time out from my caring responsibilities to keep going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to take just enough time out from my caring responsibilities to keep on top of other responsibilities, e.g. household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to regularly take enough time out from my caring responsibilities to properly relax and recuperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to take enough time out from my caring responsibilities to pursue my own goals and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have time away from my caring responsibilities I am still constantly thinking about the needs of the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Have you experienced any of the following challenges with carer support services? Please tick all that apply.

- ☐ The service received was at a lower level than what was required
- ☐ There was a long waiting period to access services
- ☐ The services I needed were not available locally
- ☐ The services available did not meet my needs (e.g. available when I needed them)
- ☐ There were no culturally appropriate services available (e.g. accommodating for cultural background, language spoken, or gender identity)
- ☐ I was concerned about the quality or safety of the services available
- ☐ The cost of services (including co-payments) was too high
- ☐ It was difficult to find information about what services were available and how to access them
- ☐ It took too much time and energy to organise the services
- ☐ I don't see myself as a carer
- ☐ My caring role is a private matter
- ☐ The person I care for does not think I need or want services
- ☐ There is not enough transport to the services
- ☐ I do not want or need any or more services to help me in my care role
- ☐ Service providers think the person I care for is the only one who needs help
- ☐ I can't organise another carer or respite to take enough time out
- ☐ None of the above
- ☐ Other, please tell us: _____

SECTION 4: PAID WORK

40. Which of the following have you experienced as a result of your caring role? Please tick all that apply.

- ☐ I have lacked the knowledge and confidence to apply for jobs effectively
- ☐ My skills or qualifications have become out of date due to time out of the workforce
- ☐ I feel less prepared to meet the demands of my job
- ☐ I have worked in a job lower than my skillset
- ☐ I reduced my working hours
- ☐ I changed industry/occupation
- ☐ I turned down a new job or promotion
- ☐ I quit working or looking for work to be able to care
- ☐ I retired earlier than anticipated to be able to care
- ☐ I could not find any jobs in my field that would allow me to continue with my caring responsibilities
- ☐ I have been denied an opportunity by an employer
- ☐ An employer has changed my working conditions
- ☐ None of the above
- ☐ Other, please specify: _____

41. What is your occupation? _____

42. Do you currently have a paid job?

- ☐ Yes
- ☐ No, but I am looking for work **(Please go to Question 49)**
- ☐ No, and I am not looking for work **(Please go to question 50)**

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

_____ hours

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

44. Which of the following apply to you?

- ☐ I am a permanent employee (either part time or full time)
- ☐ I have a fixed-term contract (either part time or full time)
- ☐ I have a casual job
- ☐ I am self-employed
- ☐ I am an independent contractor
- ☐ Other, please specify: _____

If you are a former carer, and you are not **currently** providing care for someone, please go to Question 50.

45. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I have to miss caring activities due to the amount of time I must spend on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often so emotionally drained when I finish work that it affects my ability to provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The behaviours that make me effective at work do not help me to be a better carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have to miss work activities due to the amount of time I must spend caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my caring responsibilities, I have a hard time concentrating on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour that is effective and necessary for me as a carer (e.g. being compassionate) would be counterproductive at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
The job allows me to plan how I do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The job involves performing a variety of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The results of my work are likely to significantly affect the lives of other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The job involves performing relatively simple tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to develop close friendships in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>Being in paid work...</i>						
Helps me to understand different viewpoints and this helps me be a better carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes me feel good and this helps me be a better carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helps me feel personally fulfilled and this helps me be a better carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>My involvement in caring...</i>						
Helps me acquire skills and this helps me be a better employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts me in a good mood and this helps me be a better employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages me to use my work time in a focused manner and this helps me be a better employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Which of the following flexible working arrangements are you using in your current job to accommodate your caring role? Please tick all that apply.

- ☐ Flexible start / finish times
- ☐ Working from home
- ☐ Job sharing
- ☐ Paid personal leave (from the 10 accruable days per year to be used for sick leave and/or carers leave)
- ☐ Paid carers leave in addition to the 10 day entitlement
- ☐ Unpaid carers leave (from the 2 days most workers are entitled to)
- ☐ Additional unpaid carers leave granted by employer
- ☐ Annual leave (holidays)
- ☐ None of the above
- ☐ Other, please specify: _____

49. How much do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
<i>I had trouble finding work, because...</i>						
...my skills weren't recognised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...it wouldn't be possible to respond to an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the type of work would have kept me from sufficiently checking on the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the demands on time would have been too high to keep up my caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...there wasn't enough support for carers by the prospective employer (e.g. lack of flexibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...it wouldn't be possible to take enough paid leave to keep up the caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: YOUR HEALTH AND WELLBEING

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

	Completely dissatisfied 0	1	2	3	4	Neutral 5	6	7	8	9	Completely satisfied 10
Your standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you are achieving in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your personal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How safe you feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling part of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your future security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your life overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Without hope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless or jumpy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So sad that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. How many hours per week do you have for yourself?

"Time for yourself" is time where you can pursue activities of your choice - that are not related to caring responsibilities, work, or to household and other chores.

_____ hours

53. How often have you experienced the following?

	Almost always	Most of the time	About half the time	Occasionally	Not at all
During the past four weeks...					
It has been easy to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt isolated from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had someone to share my feelings with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Almost always	Most of the time	About half the time	Occasionally	Not at all
I found it easy to get in touch with others when I needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When with other people, I felt separate from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt alone and friendless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. How satisfied are you with...

	Completely dissatisfied 0	1	2	3	4	Neutral 5	6	7	8	9	Completely satisfied 10	N/A
...your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...your relationship with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. How much do you agree with the following statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I feel that my caring role is recognised and valued by my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my caring role is recognised and valued by my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my caring role is recognised and valued by my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my caring role is recognised and valued by service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my caring role is recognised and valued by the government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. During the last 12 months, have you had any long-term illness or disability that has lasted, or is likely to last, at least 6 months, which has been made worse by your caring role?

☐ Yes (please specify: _____)

☐ If yes, what form of support would improve your health? _____

☐ No

SECTION 6: ABOUT YOU

57. **How old are you?** _____ years old
58. **What is the postcode where you live?** _____
59. **What is your gender?**
- ☐ Female
 - ☐ Male
 - ☐ Non-binary / gender diverse
 - ☐ My gender identity isn't listed. I identify as: _____
 - ☐ Prefer not to say
60. **What is your cultural background?** (e.g., Italian, Chinese, Australian, etc.) _____
61. **Do you speak a language(s) other than English at home?**
- ☐ Yes, I speak _____ (e.g. Vietnamese, Auslan)
 - ☐ No, English only
 - ☐ Prefer not to say
62. **Are you of Aboriginal or Torres Strait Islander origin?**
- ☐ No
 - ☐ Yes, Aboriginal
 - ☐ Yes, Torres Strait Islander
 - ☐ Yes, both
 - ☐ Prefer not to say
63. **What is the highest level of education you have completed?**
- ☐ Less than high school (year 12 or equivalent)
 - ☐ High school (year 12 or equivalent)
 - ☐ Certificate / diploma
 - ☐ Bachelor degree or higher
 - ☐ Other, please specify: _____
64. **Are you currently enrolled in any formal education?**
- ☐ No
 - ☐ Yes – high school
 - ☐ Yes – TAFE / apprenticeship
 - ☐ Yes – university
 - ☐ Other, please specify: _____
65. **Do you consider yourself to be:**
- ☐ Lesbian, gay, or homosexual
 - ☐ Straight or heterosexual
 - ☐ Bisexual
 - ☐ Queer
 - ☐ Not listed, my sexual orientation is: _____
 - ☐ Prefer not to say

66. How confident are you...

	Very confident	Confident	Somewhat confident	Not at all confident	N/A
...using the internet to find information about caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...using the internet to access online support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...using the internet to stay in contact with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. What is your household's yearly income (before tax)?

Please include your partner's and / or family members' typical income from all sources (e.g. wages, pension, investment income). Please tick your best estimate:

- ☐ Up to \$9,999 per year (\$1 - \$189 per week)
- ☐ \$10,000 - \$19,999 per year (\$190 - \$379 per week)
- ☐ \$20,000 - \$29,999 per year (\$380 - \$579 per week)
- ☐ \$30,000 - \$39,999 per year (\$580 - \$769 per week)
- ☐ \$40,000 - \$49,999 per year (\$770 - \$959 per week)
- ☐ \$50,000 - \$59,999 per year (\$960 - \$1,149 per week)
- ☐ \$60,000 - \$79,999 per year (\$1,150 - \$1,529 per week)
- ☐ \$80,000 - \$99,999 per year (\$1,530 - \$1,919 per week)
- ☐ \$100,000 - \$124,999 per year (\$1,920 - \$2,399 per week)
- ☐ \$125,000 - \$149,999 per year (\$2,400 - \$2,879 per week)
- ☐ \$150,000 or more (\$2,880 per week or more)
- ☐ Prefer not to say

68. Including you, how many people are living in your household?

- _____ Children under the age of 15
- _____ Children aged 15 to 18
- _____ Adults aged 18 to 64
- _____ Adults aged 65 and older

69. Do you receive any payments from Centrelink? Please tick all that apply

- ☐ Carer Allowance (currently \$131.90 per fortnight)
- ☐ Carer Payment (currently up to \$933.40 per fortnight for singles and \$1,407.00 for couples)
- ☐ Newstart Allowance
- ☐ Age Pension
- ☐ Disability Support Pension
- ☐ Commonwealth Rent Assistance
- ☐ Other, please specify _____
- ☐ I don't know
- ☐ None of the above

70. In the last 12 months, did any of the following apply to you? Please tick all that apply

- ☐ You would have been unable to raise \$2,000 in a week for something important
- ☐ You could not pay rent or mortgage payments on time
- ☐ You spend more money than you received in a month
- ☐ You could not pay gas, electricity, water, or telephone bill on time
- ☐ You could not pay registration or insurance on time
- ☐ You pawned or sold something
- ☐ You went without meals
- ☐ You were unable to heat or cool home
- ☐ You sought assistance from welfare/community organisations
- ☐ You sought financial help from friends or family
- ☐ None of the above

71. Did you need to pay for any of the following for the person(s) you care for at least once in the last 12 months?

- ☐ Medicine
- ☐ Support services
- ☐ Transport (including parking)
- ☐ Insurance
- ☐ Housing
- ☐ Housing modifications
- ☐ Special training
- ☐ Health services and equipment
- ☐ Other, please specify: _____
- ☐ None of the above

72. Are you a member / affiliate member of, or registered with, the Carers Association in your state or territory (e.g. Carers NSW, Carers WA...)?

- ☐ Yes
- ☐ No
- ☐ Don't know

73. Optional: Is there anything else you would like to tell us about your experiences as a carer?

You have finished the survey – thank you for your input!

Remember, if you feel upset or have any concerns about anything from this survey, we strongly encourage you to call the Carer Gateway (1800 422 737, open Monday to Friday, 8am to 5pm), which will offer support and carer specific services in your area.

If you are in distress, please call Lifeline (13 11 14, open 24 hours, 7 days), or contact your local GP (<https://www.healthdirect.gov.au/australian-health-services>). In an emergency, please call 000.

If you wish to contact an Aboriginal or Torres Strait Islander Health Service, please contact the service nearest to you. A list of services is available under <https://healthinfolnet.ecu.edu.au/key-resources/health-professionals/health-workers/map-of-aboriginal-and-islander-healthmedical-services/>.

74. **OPTIONAL: Please participate in the follow-up study in 2022 and help us track the impact of caring over time!**

If you agree to participate, we will contact you for the next carer survey in 2022. Your answers will be assigned a randomly generated unique identifier, allowing a comparison over time. No information identifying you personally will be stored in the dataset. Please refer to the accompanying Participant Information and Consent Form for details.

☐ Yes I would like to participate in the follow-up study!

Please provide your contact details below.

75. **OPTIONAL: As a thank you for participating in the survey, you can win an Apple iPad 32GB Wi-Fi!**

The prize will be drawn on 30 July 2020, the winner will be contacted via email.

☐ Yes I would like to participate in the prize draw!

Please provide your contact details below.

I want to participate in the follow-up study and/or the prize draw. My contact details are:

Name

Email

Street address

