2024 Victorian Population Health Survey

User guide

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.

In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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Available at Victorian Department of Health website <https://www.health.vic.gov.au/population-health-systems/victorian-population-health-survey>

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Overview

The Victorian Population Health Survey (VPHS) is the Department of Health's primary source of information on the health of Victorians aged 18 and over. Conducted since 2001, the survey provides a comprehensive and reliable evidence base to support the planning, delivery, and evaluation of public health initiatives, programs and services across Victoria.

The survey is widely used across local government, health services, researchers and policy makers for a variety of purposes, including:

- *Understanding population health* by providing insights into the overall health and wellbeing of Victorians, including common health conditions, risk factors, and access to healthcare.
- *Monitoring trends* in population health over time and identify emerging health issues requiring timely responses and targeted interventions.
- *Guiding policy and resource allocation* by supporting evidence-based decision making and investment in health programs and services.
- *Evaluating the impact of policies and interventions* and assessing progress towards improving health outcomes for Victorians.
- *Raising awareness* of key health issues and contributing to informed public discussion and advocacy for change.
- *Improving healthcare delivery* by identifying opportunities to improve access to services and quality of care to better meet community needs.

VPHS data and results

Public releases of VPHS data are available at the Victorian Department of Health website[1]. VPHS data can be accessed through:

- VPHS dashboards and data extracts – the primary VPHS release for each survey wave. These resources enable users to explore health behaviours, health status, risk factors, and social determinants of health across different population groups and geographic areas.
- VPHS special topic reports – in-depth analytical reports that examine specific population groups or public health issues. Previous reports have focused on topics such as family violence, Aboriginal health and wellbeing, LGBTIQA+ health, and other priority population groups.
- Other government publications – VPHS data is widely used across many government reporting, policy development, monitoring, and evaluation activities. Survey findings contribute to a range of strategic publications, including the biennial Chief Health Officer's report[2], Victorian public health and wellbeing progress reports[3] and the Gender Equality Baseline report[4].

[1] Victorian Department of Health, 2026a <https://www.health.vic.gov.au/population-health-systems/victorian-population-health-survey>.

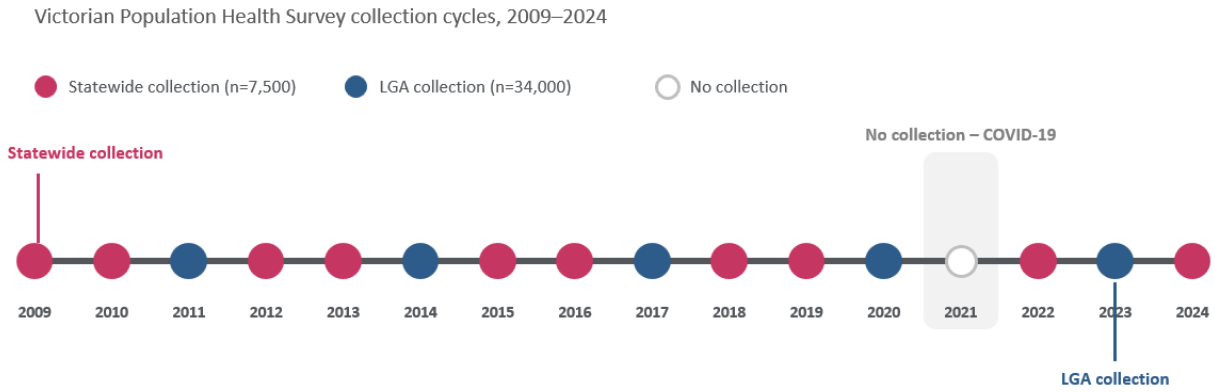
[2] Victorian Department of Health, 2026b <https://www.health.vic.gov.au/population-health-systems/chief-health-officer-report>.

[3] Victorian Department of Health, 2024a <https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-progress-report>.

[4] Victorian Government, 2019 <https://www.vic.gov.au/gender-equality-baseline-report>.

Survey methodology

From 2001 to 2007, VPHS was undertaken annually at the statewide level. Since 2008, local government area (LGA)-level surveys (n=34,000) have generally been conducted every three years, with statewide surveys (n=7,500) conducted in the intervening years.



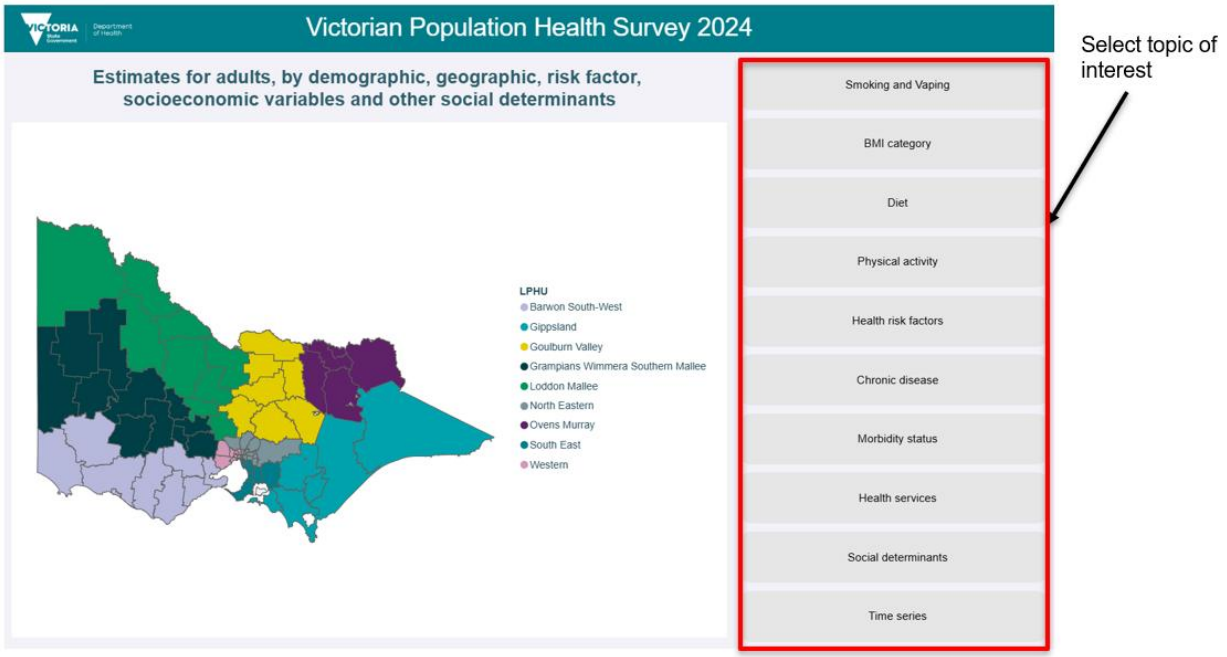
VPHS is conducted through computer-assisted telephone interviewing (CATI), with changes to sampling methodology to adjust for changes over time in landline and mobile phone usage. These changes have implications for both response rates and time series comparisons and users should consider these impacts when assessing trends over time. See Appendix 1 for more information about changes in survey methodology.

How to use the dashboard

This section provides a detailed guide to using the 2024 Victorian Population Health Survey (VPHS) Dashboard, including how to navigate the dashboard, apply filters, interpret visualisations, and access key health indicators. It is designed to help users effectively explore the data and gain meaningful insights into the health and wellbeing of Victorians.

Navigating the dashboard

When users access a topic area, they are initially directed to a landing page that serves as an entry point to the dashboard content. The landing page contains navigation elements that guide users to the relevant indicators, visualisations, and analyses. Users can then explore the data in greater detail by applying filters, selecting areas of interest, and examining results across population groups and health outcomes.



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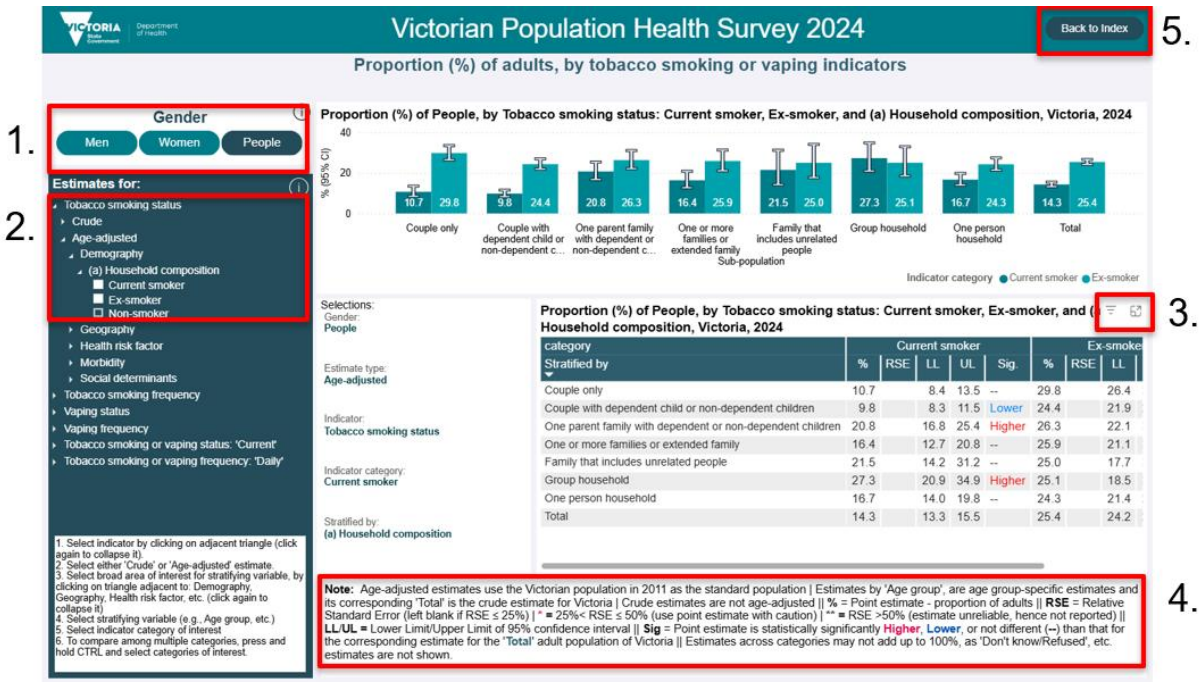
Essential features of dashboard pages



1. Select the gender of interest.
2. Select the indicator of interest by clicking on the adjacent triangle → select estimates (e.g tobacco smoking status) → select estimates type (e.g. crude or age-adjusted) → category of interest (e.g. household composition). To select multiple categories, press and hold the Ctrl key (or Cmd key on a Mac) and then click each category you wish to include. The selected categories will remain highlighted until you deselect them.
3. Hover over the top-right corner to view the filters and slicers applied to this visual, or expand the visual for a larger display.
4. This section provides additional notes and explanatory information relevant to the indicators, estimates, and visualisations displayed on this page.
5. Navigate to Index page.

Accessing and downloading data

Data published in the dashboard can be accessed directly through a downloadable Excel file, available on the VPHS main page. The Excel file contains an index page listing all the data topics available. Users can click on a topic to directly navigate to the worksheet for data exploration of relevant indicators.

The Excel data is broadly structured in the same way as the dashboard. Users are able to select estimate type, gender, indicator and stratification groups to explore detailed population health estimates. These estimates are presented as individual tables/figures in the dashboard. An example screenshot of data for GP services is shown below.

Estimate type	Gender	Topic	Indicator	Indicator category	Broad stratification	Stratified by	Stratification sub-population	Per cent (%)	Reliability	LL 95% CI	UL 95% CI	Statistica	ignificance
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	18-24	16.22		12.13	21.35	--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	25-34	22.16		18.23	26.65	--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	35-44	20.85		16.70	25.71	--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	45-54	21.13		17.01	25.95	--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	55-64	12.78		9.97	16.23	--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	65-74	6.64		4.99	8.79	Lower	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	75-84	5.61		3.65	8.52	Lower	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	≥85		**			--	
Crude	Men	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	Total	16.67		15.14	18.33		
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	18-24	18.44		13.41	24.82	--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	25-34	24.10		19.67	29.16	--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	35-44	26.30		21.90	31.23	--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	45-54	24.74		20.61	29.39	--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	55-64	23.60		20.04	27.58	--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	65-74	11.62		9.33	14.39	Lower	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	75-84	5.10		3.40	7.59	Lower	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	≥85		**			--	
Crude	Women	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	Total	20.64		19.02	22.36		
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	18-24	17.37		14.10	21.21	--	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	25-34	23.49		20.50	26.75	Higher	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	35-44	23.78		20.69	27.17	Higher	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	45-54	22.97		19.99	26.25	--	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	55-64	18.64		16.25	21.28	--	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	65-74	9.36		7.87	11.12	Lower	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	75-84	5.48		4.09	7.30	Lower	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	≥85	7.40	*	2.95	17.35	Lower	
Crude	People	Access to GP services	Could see a GP when needed	No	Demography	(a) Age group (years)	Total	18.84		17.72	20.02		

Estimates with high RSEs are flagged as * (between 25 and 50%) and ** (higher than 50%) respectively in the ‘Reliability’ column of each dataset.

The statistical significance column indicates whether the point estimate is statistically significantly ‘Higher’ or ‘Lower’ than the Victorian total, or not significantly different (--).

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Interpreting survey results

When interpreting survey findings, it is important to consider both the type of estimate presented and the statistical reliability of the result.

Estimates

The dashboard provides two types of estimates:

Crude estimates represent the observed prevalence or proportion within the surveyed population. These estimates reflect the actual burden of disease, health behaviours, or health outcomes experienced by the population and are most appropriate for informing service planning, resource allocation, demand forecasting, and assessing population health needs.

Age-adjusted estimates account for differences in age distribution between populations. By standardising for age, these estimates enable more meaningful comparisons between geographic areas, demographic groups, and time periods. Age-adjusted estimates should be used when comparing a geographical area or population group to the Victorian average or when assessing trends over time.

Standard Error and Relative Standard Error (RSE)

Standard error (SE) measures the degree of uncertainty associated with an estimate due to sampling variation. It indicates how much the estimate may differ from the true population value. Smaller standard errors indicate greater precision and confidence in the result.

Relative standard error (RSE) expresses the standard error as a percentage of the estimate and provides an indication of the estimate's reliability. As the RSE increases, the level of uncertainty increases and the reliability of the estimate decreases. Estimates with an RSE between **25 and 50 per cent** should be interpreted with caution. Estimates with an RSE higher than **50 per cent** are considered statistically unreliable and are not reported due to the high level of sampling variability. Estimates with high RSEs are flagged as * (between 25 and 50 per cent) and ** (higher than 50 per cent) respectively, in the dashboard, in the 'RSE column' of individual tables, and in the 'Reliability' column of datasets in the downloadable Excel file.

Confidence Intervals

A **95% confidence interval (CI)** provides a range within which the true population value is likely to fall, with 95% confidence. Confidence intervals are an important indicator of the precision and uncertainty associated with an estimate.

- **Narrow confidence intervals** indicate greater precision and a more reliable estimate.
- **Wide confidence intervals** indicate greater uncertainty and a less precise estimate.
- When comparing estimates between population groups, geographic areas, or reporting periods, confidence intervals can help determine whether observed differences are likely to reflect genuine variation or attributable to sampling variability.

Trends Over Time

Trend analysis assesses whether an indicator has changed significantly over time. Trends presented in the dashboard have been assessed using **ordinary least squares (OLS) linear regression**.

- A **statistically significant positive coefficient** indicates an increasing trend over time.
- A **statistically significant negative coefficient** indicates a decreasing trend over time.
- A **non-significant result** indicates there is insufficient evidence to conclude that a linear trend exists over the period examined.

When interpreting trend results, statistical significance should be considered alongside the magnitude of change, the associated confidence intervals, and consistency of the pattern over time. Small but statistically significant changes may have limited practical importance, while larger changes may be more meaningful from a policy or public health perspective. In both the dashboard and Excel data file, a statistically significant trend for an indicator is depicted by an upward or downward arrow in the 'Trend' column of time series data.

Statistical significance

Statistical significance indicates whether an observed difference or trend is unlikely to have occurred by chance alone. A statistically significant result provides evidence of a genuine difference between groups or a real change over time.

In this dashboard, non-overlapping 95% confidence intervals are used as a visual indicator of statistically significant differences between estimates. Where confidence intervals overlap, there is insufficient evidence, based on this criterion alone, to conclude that a statistically significant difference exists.

However, overlapping confidence intervals do not necessarily mean that estimates are equivalent. In some circumstances, larger sample sizes or alternative statistical tests may identify statistically significant differences.

Statistical significance does not necessarily imply practical or policy significance, and findings should be considered alongside their magnitude, context, and potential public health implications.

In both the dashboard and Excel data file, estimates are compared with the corresponding estimate for the total adult population of Victoria. The statistical significance column indicates whether the point estimate is statistically significantly 'Higher' or 'Lower' than the Victorian total, or not significantly different (--). For time series data, the point estimate of an indicator for a particular year is compared with the corresponding estimate of the previous survey. The 'Comparison to previous survey' column indicates whether the estimate is statistically significantly 'Higher' or 'Lower' or not significantly different (--) when compared with the previous survey.

Notes on topics of interest

Access to a General Practitioner

General practice and General Practitioner (GP) are at Australia's healthcare frontline, with almost 85% of the population visiting their GP at least once each year. Patients reported they visit their GP more than any other health professional.[5] While many factors determine accessibility, health service cost and wait times are two measures that provide insight into how effectively Australia's health services are operating. Other factors that can inhibit GP access include distance, availability of services, time pressures, language difficulties and a person's understanding of their healthcare needs.[6]

Body Mass Index

At the population level, a commonly used categorisation of body weight status is the Body Mass Index, computed from height and weight of the individual [BMI = weight (kg) / height (m^2)]. However, BMI is a poor indicator of body fat percentage because it cannot distinguish between body fat and muscle. An individual who is very muscular, with a low body fat per cent, could have a high BMI and be classified as obese.[7] Despite its limitations, BMI remains a useful population health measure because it is relatively simple and inexpensive to collect, allowing changes in health status to be monitored over time. According to the World Health Organization (WHO) classification of adult body weight status, a BMI of 25.0 or higher is classified as overweight; a BMI between 25.0 and 29.9 is classified as pre-obese (overweight but not obese); a BMI of 30.0 or higher is classified as obese.

Chronic disease and morbidity status

Many people live with more than one health condition. As the population ages and the prevalence of long-term conditions increases, the number of people experiencing multimorbidity is expected to grow. Multimorbidity refers to the presence of two or more chronic conditions in the same individual and has a specific impact on safety issues in primary care.[8] These are often long-term health conditions which require complex and ongoing care.[9]

To reduce self-diagnosis, survey respondents were asked if they had ever been told by a doctor that they had any of the following chronic diseases: asthma; autoimmune disease; cancer; chronic obstructive pulmonary disease or other non-infectious lung disease; depression or anxiety; heart disease; osteoarthritis; osteoporosis; stroke; type 2 diabetes; gestational diabetes, long COVID, anaemia or risk factors such as high blood pressure or high blood cholesterol.

Estimates for morbidity status were calculated based on whether respondents reported a diagnosis of one or more of the following common conditions: asthma, cancer, heart disease, osteoarthritis, osteoporosis, stroke, type 2 diabetes and anxiety and/or depression. The dashboard presents data

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[5] RACGP, 2024 <https://www.racgp.org.au/health-of-the-nation/chapter-1-patient-interactions-and-health-trends/general-practice-patient-profile#ref-2>.

[6] ABS, 2025 <https://www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/healthy/access-health-services>.

[7] AIHW, 2026 <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/measuring-overweight-and-obesity>.

[8] AIHW, 2025 <https://www.aihw.gov.au/reports/chronic-disease/multimorbidity-in-australia/contents/summary>.

[9] Skou, S T et al, 2023 <https://pmc.ncbi.nlm.nih.gov/articles/PMC7613517/>.

on morbidity status in two ways, by diagnosis of one of the seven chronic diseases, which does not include anxiety and/or depression, and by eight chronic diseases which includes anxiety and/or depression. Separate seven-condition and eight-condition measures are presented because including anxiety and/or depression substantially changes the demographic profile and health characteristics of the population classified as having morbidity.

Civic trust

Trust is essential within social systems to enable cooperative and altruistic behaviours that enhance collective well-being and the attainment of collective goals. Trust in our civic institutions, such as our healthcare system and the people who run them, is essential to maximise an individual's health and well-being. Whether individuals take up opportunities for social interaction and community engagement is likely to depend on the level and extent of both social and civic trust.

Civic and social distrust are measures of social exclusion – the fourth social determinant discussed in the *WHO's Social determinants of health: The solid facts*[10]. 'Civic trust' refers to trust in public institutions and the respect that citizens are accorded in their relationships with those institutions. In the VPHS, civic trust was measured by asking survey respondents, 'Do you feel valued by society?'

Diet

The Australian Dietary Guidelines[11] use the best available scientific evidence to provide information on the types and amounts of foods, food groups and dietary patterns that aim to:

- promote health and wellbeing
- reduce the risk of diet-related conditions
- reduce the risk of chronic disease.

The 2024 VPHS collected information on the usual consumption of fruit and vegetables by adult Victorians, as indicators of their diet.

How much from the vegetables, legumes/beans group is needed?

The minimum recommended intake ranges from 5–6 serves for adults.

How much from the fruit group is needed?

The minimum recommended amount is 2 serves a day for all adults.

Disability

Disability can take many forms, including physical, sensory, intellectual, and psychosocial disabilities, each affecting individuals in different ways. Physical disabilities may limit mobility or motor function, while sensory disabilities affect vision, hearing, or communication. Intellectual disabilities involve challenges with learning and decision-making, and psychosocial disabilities relate to mental health conditions that impact thinking, mood, or behaviour.

Disability is a significant health risk factor because it often intersects with other social and environmental barriers such as inaccessible healthcare services, lower socioeconomic status, and social exclusion, which can increase the risk of poor physical and mental health outcomes. People

[10] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[11] NHMRC, 2013 <https://www.nhmrc.gov.au/adg>.

with disability are more likely to experience chronic conditions, delays in receiving care, and face unmet healthcare needs, all of which can contribute to greater health inequities.[12,13]

Discrimination and racism

Discrimination and racism are significant health risk factors that negatively impact both mental and physical health.[14] Discrimination acts as a health risk factor by creating ongoing stress and limiting access to the resources that support good health. People who experience discrimination based on characteristics such as race, gender, disability, sexual orientation, or other aspects of identity often face chronic emotional strain, which is associated with mental health issues such as anxiety, depression, and psychological distress. Over time, this constant stress response can also contribute to physical health problems, including high blood pressure, cardiovascular disease, and weakened immune function. Discrimination can also lead to reduced access to healthcare, education, employment, and safe housing, all of which are critical for maintaining health. Individuals who are frequently subjected to discrimination are more likely to experience poor health outcomes and reduced wellbeing.

Experiencing racism, whether overt or subtle, is associated with chronic stress, anxiety, depression, and low self-esteem. Over time, this stress response can contribute to physical health problems, such as high blood pressure, and heart disease. Racism can also create barriers to accessing healthcare, education, employment, and safe housing, which are key social determinants of health. These systemic disadvantages contribute to poorer health outcomes and health inequities among affected groups, particularly for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities in Australia.[15] Addressing racism is therefore essential not only for promoting equity and social justice, but also for improving overall population health.

Food insecurity

Food is the ninth social determinant identified by the WHO. Access to a healthy and adequate diet is essential for good health.[16] The 2024 VPHS collected data on food insecurity, measured using the U.S. Household Food Security Survey Module: Six-Item Short Form. The six-item short form survey module and the associated Six-Item Food Security Scale were developed by the U.S. Department of Agriculture (USDA) and researchers at the National Center for Health Statistics.[17]

Food insecurity exists when the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain. In its most severe form, people go without food. Less severe forms of food insecurity include people worrying about food insecurity and using coping strategies such as relying on unhealthy low-cost food and/or skipping meals.

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[12] WHO, 2023 <https://www.who.int/publications/m/item/addressing-health-inequities-faced-by-persons-with-disabilities-to-advance-universal-health-coverage>.

[13] Umucu et al., 2025 <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1538519/full>.

[14] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[15] AIHW, 2024 <https://www.aihw.gov.au/reports/cald-australians/social-determinants-health-cald/contents/about>.

[16] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[17] USDA, 2026 <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools#household>.

Food insecurity is a key risk factor for obesity in the developed world.[18] Pathways to obesity from experiencing food insecurity include: (1) acting as a chronic stressor that causes many people to put on weight; (2) being unable to make healthy food choices which are far more expensive than unhealthy foods; and (3) compensatory over-eating when food is plentiful.

Physical activity

Low levels of physical activity are a major lifestyle risk factor for a range of health conditions, including heart disease, type 2 diabetes, obesity, and some cancers. Physical inactivity can also negatively affect mental health, contributing to higher levels of stress, anxiety, and depression. Regular physical activity, on the other hand, helps maintain a healthy weight, strengthens muscles and bones, improves mood, and boosts overall wellbeing. When physical activity is consistently low, the risk of developing chronic diseases and experiencing poor health outcomes increases significantly.

Recommendations

Adults should be active most days, preferably every day. Each week, adults should do either:

- 2.5 to 5 hours of moderate intensity physical activity such as a brisk walk, golf, mowing the lawn or swimming
- 1.25 to 2.5 hours of vigorous intensity physical activity such as jogging, aerobics, fast cycling, soccer or netball
- an equivalent combination of moderate and vigorous activities.[19]

For people aged 65 years and over, at least 30 minutes of moderate intensity physical activity on most, preferably all, days is recommended.[20]

Sitting for long periods—also known as sedentary behaviour—is linked to several serious health risks, even for people who exercise regularly. Prolonged sitting (over 30 minutes without break, or over 7 hours a day) can slow down metabolism and reduce the body's ability to regulate blood sugar, blood pressure, and fat levels. Over time, this increases the risk of developing chronic conditions such as type 2 diabetes, heart disease, obesity, and certain cancers (especially colon, endometrial, and lung cancer). It can also contribute to poor posture, musculoskeletal problems (like back and neck pain), and reduced mental wellbeing. Extended sitting is also associated with increased risks of premature death, particularly from cardiovascular disease. Breaking up long periods of sitting with light movement, stretching, or standing can help reduce these risks.

Psychological distress

The Kessler 10 (K10) Scale is a widely used screening tool designed to measure psychological distress based on a person's emotional state over the past four weeks.[21] It consists of 10 questions that ask about the frequency of symptoms such as feeling tired, nervous, hopeless, restless,

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[18] Eskandari, F et al, 2022 <https://pubmed.ncbi.nlm.nih.gov/36348796/>.

[19] DOHA, 2021a <https://www.health.gov.au/topics/physical-activity/24-hour-movement-guidelines-for-all-australians/recommendations-for-adults-18-to-64-years>.

[20] DOHA, 2021b <https://www.health.gov.au/topics/physical-activity/24-hour-movement-guidelines-for-all-australians/recommendations-for-older-adults-65-years-and-over>.

[21] Kessler, R C et al, 2002 <https://www.cambridge.org/core/journals/psychological-medicine/article/abs/short-screening-scales-to-monitor-population-prevalences-and-trends-in-nonspecific-psychological-distress/F141675CCD0E08C0FB98E01C006B4E0D>.

depressed, or worthless. Respondents rate how often they experienced each symptom on a five-point scale ranging from "none of the time" to "all of the time." The total score, which ranges from 10 to 50, indicates the level of distress, with higher scores suggesting greater psychological distress and a higher likelihood of anxiety or depressive disorders.[22] The K10 is commonly used in population health surveys and clinical settings to monitor mental health and identify individuals who may benefit from further mental health assessment or support.

Self-reported health

Independent of other medical, behavioural or psychosocial risk factors, self-reported health status has been shown to be a reliable predictor of ill-health, future healthcare use and premature mortality. Survey respondents were asked to rank their current health status by indicating whether, in general, they would say their health was excellent, very good, good, fair or poor.[23]

Social determinants of health

Health is determined by a complex interaction between genetic inheritance, lifestyle risk factors, access to quality and affordable healthcare, and the social determinants of health. Social determinants have, by far, the largest impact on health, followed in descending order by lifestyle risk factors, access to quality healthcare, and genetic inheritance. The WHO defines the social determinants of health as 'the conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.[24] These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. Social determinants are shaped by the distribution of money, power and resources and are mostly responsible for health inequities. The WHO recognises ten social determinants of health: socioeconomic status, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport.[25]

Social exclusion

The 2024 VPHS included measures of social exclusion – the fourth social determinant of health identified by the WHO[26]. In international literature, the concept of social exclusion was popularised in the 1970s and 1980s because of dissatisfaction with the concept of poverty. However, poverty is an outcome, while social exclusion is both an outcome and a process. Poverty and social exclusion are not always linked as not all socially excluded groups are economically disadvantaged. People may be excluded due to a disability or because of their sexual orientation, for example, without necessarily living in poverty. Social exclusion also results from racism and discrimination.[27] Regardless of cause, social exclusion prevents people from participating in education or training, and gaining access to services and job opportunities, which negatively impacts health and

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[22] Andrews, G & Slade, T, 2001 <https://www.sciencedirect.com/science/article/pii/S1326020023036105?via%3Dihub>.

[23] Ware, J E & Sherbource, C D, 1992 <https://sparqtools.org/mobility-measure/self-rated-health/#all-survey-questions>.

[24] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[25] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[26] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

[27] Levitas, R, 2006 <https://bristoluniversitypressdigital.com/edcollchap/book/9781447366843/ch005.xml>.

wellbeing.[28] Exclusion measures used in the 2024 VPHS included: civic trust; tolerance of diversity, and experiences of racism and discrimination.

Social support

Social support is a key determinant of health because strong, positive relationships with family, friends, colleagues, and community members can significantly improve both mental and physical wellbeing.

Having people to rely on for emotional support, practical help, or simply to provide a sense of belonging can reduce stress, enhance coping abilities, and protect against mental health conditions such as depression and anxiety. Social support is also linked to healthier behaviours, like increased physical activity, better nutrition, and adherence to medical advice. In contrast, social isolation or a lack of supportive relationships is associated with higher risks of chronic illness, mental distress, and even premature death. By fostering connection and resilience, social support plays a vital role in promoting overall health and reducing health inequalities.[29]

Socioeconomic status

The 2024 VPHS collected data on socioeconomic status – the first social determinant of health identified by the WHO. There is a strong and enduring association between socioeconomic disadvantage and poorer health outcomes, with individuals in lower socioeconomic groups experiencing a disproportionate burden of ill health. Measures of socioeconomic status in the 2024 VPHS include total annual household income (all sources of pre-tax income), and home ownership.

Evidence shows that income inequality causes poorer health and wellbeing, which is partially mediated through lowering civic and social trust levels.[30] Three pathways have been identified through which income inequality negatively impacts health and wellbeing:

- Income inequality erodes social and civic trust, which leads to conflict and destroys social cohesion while increasing social exclusion.
- Income inequality reduces access to life opportunities and resources needed to maximise health and well-being.
- Income inequality acts directly via the psychosocial pathways to cause psychological distress, hopelessness and a loss of agency and respect, impacting directly and indirectly on health and well-being via unhealthy behaviours.

Sought help for mental health related problem in the last 12 months

Most Victorians with mental health issues access mental health services through their general practitioner or primary care provider, but people who are seriously affected by their illness can be referred to the specialist mental health service system. Generally, the impact or severity of the condition, rather than a specific diagnosis, triggers access to specialist mental health services.

Specialist mental health services in Victoria are divided into two service types: clinical and non-clinical. Clinical services focus on assessment and treatment of people with a mental illness. These

[28] Popay, J et al, 2008 <https://cdn.who.int/media/docs/default-source/documents/social-determinants-of-health/social-exclusion-knowledge-network-2007.pdf?sfvrsn=6b13662_3>.

[29] Holt-Lunstad, J et al, 2010 <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>.

[30] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

services are called area mental health services and are managed by general health facilities, such as hospitals. Non-clinical services are called Mental Health Community Support Services. These focus on activities and programs that help people manage their own recovery and maximise their participation in community life. Both clinical and non-clinical services operate within geographically-defined catchment areas. Estimates are provided for those who sought help for a mental health-related problem in the last 12 months.[31]

Smoking and vaping status

There are several ways of classifying tobacco smoking. The VPHS defines smokers as 'daily' or 'occasional' and combines the two to report on 'current smokers'. A person is categorised as an 'ex-smoker' if he/she has smoked at least 100 cigarettes, or a similar amount of tobacco, in their lifetime but no longer smokes or never smoked regularly.

People who vape or use an e-cigarette daily are categorised 'Daily' vapers, while those who vape only weekly, monthly or less than monthly are categorised as 'Occasional' vapers. Those who no longer vape or only tried vaping once or twice are categorised as 'Ex vapers', and those who never used an e-cigarette are categorised as having 'Never' vaped. As in the case of tobacco smoking, 'Daily' and 'Occasional' vapers were combined to report on 'Current' vapers.

Tolerance of diversity

Tolerance of diversity in Victoria was evaluated by assessing the attitude of survey respondents to multiculturalism. Survey respondents were asked the question: 'Do you think that multiculturalism makes life in your area better?' Response options were 'No', 'Not often', 'Sometimes', 'Yes, definitely' or 'I don't know'. A response of 'No' or 'Not often' indicates disapproval of multiculturalism and the respondent is deemed to be intolerant of diversity. A 'Yes, definitely' response indicates approval and the respondent is deemed to be tolerant of diversity.

Unemployment

Unemployment is the sixth social determinant identified by the WHO.[32] Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Evidence from a few countries shows that, even after allowing for other factors, unemployed people and their families suffer a substantially increased risk of premature death. Health effects of unemployment may be compounded by consequential financial problems, particularly debt. Employment status is routinely measured in the 2024 VPHS.

[31] Victorian Department of Health, 2024b <https://www.health.vic.gov.au/mental-health/about-victorias-mental-health-services>.

[32] WHO, 2003 <https://iris.who.int/items/41fe3a4a-cd63-4ce9-a1bd-495f978e612c>.

Appendix 1: Changes in VPHS Survey Methodology Over Time

The VPHS sampling methodology adopted multiple changes over time to be aligned with landline and mobile phone usage patterns in the population. From 2001 to 2014, the survey included landline telephone numbers in the sampling frame to generate a random, representative sample of the population using random digit dialling (RDD). Since 2015, mobile numbers have been incorporated into the sampling frame as part of a dual-frame design with random digit dialling (RDD) of landline and mobile phone numbers. A tri-frame design incorporating listed mobile was introduced to the 2017-18 LGA-level survey, with 50% of the total interviews obtained from a RDD landline frame, and the remaining 50% from a mobile frame (made up of 60% RDD mobile and 40% listed mobile). This tri-frame design was also used for the 2018 and 2019 state-wide surveys.

For the 2020-21 LGA-level survey, the tri-frame design was updated to address the increasing under-coverage of the RDD landline sample frame. The updated tri-frame design aimed to achieve 60% of the total interviews from listed mobile sample and 40% from RDD mobile sample. RDD landline was used as a top-up in LGAs with insufficient mobile records and coverage. The same tri-frame design was used in 2022 VPHS, however the proportion of RDD mobile was increased so that the target was 60% of the total interviews to be obtained from RDD mobile and 40% from listed mobile samples, with any insufficiently represented DHHS service areas topped up with landline sample.

The move from a landline survey to an increasingly mobile survey has implications for both response rates and time series comparisons. Using a predominantly mobile sample has improved the representativeness of the survey; however, the change in design may affect year-on-year comparisons.

In 2024, all sample was sourced from the Integrated Public Number Database (IPND), regulated by the Australia Communications and Media Authority (ACMA), under Telecommunications Regulations 2021 (Cth). The IPND contains an up-to-date list of both mobile and landline phone numbers including a postcode assigned to each mobile number. The survey was conducted primarily using mobile phone numbers. Use of the IPND is restricted to use by researchers conducting surveys in relation to public health, Government electoral matters or Commonwealth Government public policy. Application to the IPND is a rigorous process and several precautions were stipulated by ACMA to ensure the privacy and security of participants, including terms of use that numbers cannot be sent text messages and the sharing of identifiable information (even with respondents' permission) is limited. The IPND is utilised to make sampling more efficient, as it removes the significant burden of screening out non-Victorians.

Appendix 2: VPHS 2024 Questionnaire

2024 VICTORIAN POPULATION HEALTH SURVEY (VPHS)
Department of Health, Victoria

AGE AND GENDER

*(ALL)
dem08_4. What was your age last birthday?
1. Age given
2. Refused

*(ALL)
dem23_2. How do you describe your gender? Would you say …

RESPONSE FRAME (READ OUT)
1. Man, boy or male
2. Woman, girl or female
3. Non-binary
4. I use a different term (SPECIFY) _____
8888. (Don't know)
9999. (Refused)

DISABILITY

*(ALL)
pdis23_1. Do you experience any difficulty or restriction that affects your participation in work, education, social and community life, or doing daily activities, related to a long-term health condition or impairment?

IF NECESSARY: Daily activities include washing, dressing, eating, moving around the house or outside the home, communicating with others, making decisions, learning new things, preparing meals, managing daily routine, caring for children or others, coping with stress.

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

*(PERSON WITH DISABILITY, pdis23_1 = 1)
pdis24_1. Which of the following categories best describes your disability? You can say yes to multiple categories. (MULTIPLE RESPONSE, SELECT ANY THAT APPLY)

IF NECESSARY: The following categories are disability groups based on underlying health conditions and on impairments, activity limitations and participation restrictions.

RESPONSE FRAME (READ OUT)
1. Sensory (for example: sight, hearing, speech, etc)
2. Intellectual (for example: down syndrome, foetal alcohol syndrome, etc)
3. Learning (for example: dyslexia, dyscalculia, attention deficit disorder (ADD), etc)
4. Neuro-developmental (for example: autism spectrum disorder, etc)

5. Physical (for example: breathing difficulties, chronic or recurrent pain, blackouts or seizures, incomplete use of limbs, etc)
6. Psychosocial / psychiatric (for example: schizophrenia, depression, anxiety, bipolar disorder, post-traumatic stress disorder (PTSD), social phobia, etc)
7. Head injury, stroke or acquired brain injury
8. Other (SPECIFY)_____

8888 (Don't know)
9999 (Refused or prefer not to say)

*(pdis24_1 = 1) ASKED OF ALL PEOPLE WHO REPORT A DISABILITY

pdis23_3. I'd now like to ask you a few questions about whether you get help with your daily activities. If you do not want to answer any of these questions, just tell me and I will move on to the next question.

Does someone help you with daily activities like preparing meals, managing daily medications, shopping, communicating with others, making decisions, or learning new things?

RESPONSE FRAME
1. Yes
2. No

8888. (Don't know)
9999. (Refused)

*(pdis23_3 = 1) ASKED OF ALL PEOPLE WHO REPORT A DISABILITY AND DAILY ASSISTANCE

pdis23_4. How often does someone help you with any of these activities?

RESPONSE FRAME (READ OUT)
1. Always or often
2. Sometimes
3. Rarely or never

8888. (Don't know)
9999. (Refused)

pdis23_5. The next question is about how you feel IN GENERAL. If you do not want to answer the question, just tell me. In general, would you say your health is…

RESPONSE FRAME (READ OUT)
1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor

8888. (Don't know)
9999. (Refused)

ACCESS TO GENERAL PRACTITIONER

*ALL

hsu24_1. In the last 12 months, has there been a time that you or a member of your household did NOT go to see a General Practitioner (GP) when needed?

RESPONSE FRAME
1. Yes
2. No

8888. (Don't know)
9999. (Refused)

*IF Hsu24_1 = 1
hsu24_2. If yes, what was the main reason that you or your household member did NOT go to see a GP?

RESPONSE FRAME
1. Cost
2. Couldn't get an appointment when needed
3. No suitable GP in my area
4. Transport issues or too far to travel
5. Other, SPECIFY _____
8888. (Don't know)
9999. (Refused)

MENTAL HEALTH SERVICE USE

*(ALL)
hsu23_1. The next questions are about use of health services. In the last year, have you sought professional help for a mental health related problem?

RESPONSE FRAME
1. Yes
2. Yes, but was turned away and unable to get any help
3. No
8888. (Don't know)
9999. (Refused)

TRUST IN HEALTHCARE SYSTEM

*(ALL)
hsu23_5. Do you trust the Victorian health system and its services to meet your health needs?

RESPONSE FRAME (READ OUT)
1. No, not at all
2. Not often
3. Sometimes, or
4. Yes, definitely
5. Only trust an Aboriginal Health Service (IF ats08_1 = 2, 3 OR 4)
7777. Not applicable – e.g. I don't use healthcare services
8888. Don't know
9999. (Refused)

DIET

*(ALL)
nut18_1. Now I would like to ask you some questions about food. How many serves of vegetables, legumes and beans do you usually eat each day - a 'serve' of vegetables is ½ cup of cooked vegetables or 1 cup of salad vegetables and a serve of legumes and beans is ½ cup of cooked, dried or canned beans, peas or lentils.

INTERVIEWER NOTE: "Vegetables" includes potatoes, hot potato chips, but excludes potato crisps and excludes vegetable juice.

RESPONSE FRAME
1. Record number of serves PER DAY

8888. (Don't know)
9999. (Refused)

*(ALL)
nut08_2. How many serves of fruit do you usually eat each day - a 'serve' is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.

RESPONSE FRAME
1. Record number of serves PER DAY
8888. (Don't know)
9999. (Refused)

*(ALL)
nut08_4. Now some questions on your height and weight…. How tall are you without shoes?

RESPONSE FRAME
1. Response given in centimetres (Specify_____)
2. Response given in feet and inches (Specify feet _____)
8888. (Don't know)
9999. (Refused)

*(ALL)
nut08_3. How much do you weigh?

RESPONSE FRAME
1. Response given in kilograms (SPECIFY KILOGRAMS _____)
2. Response given in stones and pounds (RECORD STONES _____)
3. Response given in pounds only (RECORD POUNDS _____)
8888. (Don't know)
9999. (Refused)

SMOKING AND VAPING

*(ALL)
smo08_1. The following questions are about tobacco smoking…. This includes cigarettes, cigars and pipes, but not vapes or e-cigarettes.

Which of the following best describes your smoking status?

RESPONSE FRAME (READ OUT)
1. I smoke daily
2. I smoke occasionally
I don't smoke now, but I used to
I've tried it a few times but never smoked regularly, or
I've never smoked
8888. (Don't know)
9999. (Refused)

*(HAVE SMOKED IN SOME CAPACITY/DON'T KNOW OR REFUSED SMOKING STATUS, smo08_1=1, 2, 3, 4, 8888, 9999)
smo08_2. Over your lifetime would you have smoked at least 100 cigarettes or a similar amount of tobacco?

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)

OFFICIAL

9999. (Refused)

*(ALL)
smo24_3. Vaping is the act of using an e-cigarette, or 'vape (also referred to as 'juuling') that are personal vaporising devices where users inhale vapour rather than smoke. The vapours usually contain flavourings and may contain nicotine as well. How often, if at all, do you vape?

INTERVIEWER NOTE: Mark one response only

RESPONSE FRAME (READ OUT)
1. Daily
2. At least weekly (but not daily)
3. At least monthly (but not weekly)
4. Less than monthly
5. I used to use them, but no longer use
6. I only tried them once or twice
7. Never used
8888. (Don't know)
9999. (Refused)

PHYSICAL ACTIVITY

*(ALL)
phy23_1.Moving on to physical activity. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job.

RESPONSE FRAME
1. Enter number of days _____
8888. (Don't know)
9999. (Refused)

*(ALL)
phy24_1 How would you rate your physical activity?

RESPONSE FRAME (READ OUT)
1. Very active
2. Active
3. A little active
4. Not very active
5. Not active at all
8888. (Don't know)
9999. (Refused)

*(ALL)
phy14_2. The next two questions are about the time you spend sitting while at work, at home, while doing study and during leisure time. This may include time spent sitting at a desk, in the car, reading or sitting or lying down to watch television.

*(ALL)
phy14_3. During the LAST 7 DAYS, how much time did you usually spend SITTING on an average WEEKDAY?
RESPONSE FRAME
1. Time given in HOURS (Specify_____)
2. Time given in MINUTES (Specify_____)

8888. (Don't know)
9999. (Refused)

*(ALL)
phy14_4. During the LAST 7 DAYS, how much time did you usually spend SITTING on a WEEKEND day?

RESPONSE FRAME
1. Time given in HOURS (Specify_____)
2. Time given in MINUTES (Specify_____)
8888. (Don't know)
9999. (Refused)

PHYSICAL AND MENTAL HEALTH STATUS

*(ALL)
pmh08_1. The next few questions are about how you feel IN GENERAL. If you do not want to answer any question, just tell me and I will move onto the next question. In general, would you say your health is…

RESPONSE FRAME (READ OUT)
1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor
8888. (Don't know)
9999. (Refused)

CHRONIC CONDITIONS

*(ALL)
pmh24_1. The next few questions are about various health conditions. Have you **ever** been told by a doctor that you have…

A. Heart disease (includes coronary heart disease, angina, cardiomyopathy, ischaemic heart disease, heart failure, hypertensive heart disease, inflammatory heart disease, disease affecting one or more valves of the heart, heart murmur, having a pacemaker)
B. Stroke (This includes mini strokes, aneurisms, trans-ischemic attacks)
C. Cancer (INTERVIEWER NOTE: Includes skin cancer)
D. Osteoporosis (not osteoarthritis)
E. Depression or anxiety
F. Asthma
G. Chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis or other non-infectious lung disease (not asthma)
H. Osteoarthritis (code rheumatoid arthritis as an autoimmune disease)
I. An autoimmune disease (For example: Rheumatoid arthritis, Graves' disease, Hashimoto's thyroiditis, systemic lupus erythematosus, psoriasis, myasthenia gravis, multiple sclerosis, inflammatory bowel disease, type 1 diabetes, psoriatic arthritis etc)
J. High blood pressure
K. High blood cholesterol
L. Type 2 diabetes (not during pregnancy unless ongoing)
M. Gestational diabetes
N. Long Covid (does NOT include a regular COVID infection).
O. Anaemia, iron deficiency anaemia, or low blood iron

OFFICIAL

P. Another serious disease or condition (Specify) _____

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

pmh18_16. In the last 12 months, were you told by a doctor that you had depression or anxiety?

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

PSYCHOLOGICAL DISTRESS (KESSLER 10 PLUS SCALE)

*(ALL)

The next series of questions are about how you have been feeling IN THE LAST 4 WEEKS, that is, since about this time last month. If you do not want to answer any question, just tell me and I will move onto the next question.

*(ALL)

pmh08_5. In the last 4 weeks, about how often did you feel tired out for no good reason? Would you say…

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)

pmh08_6. In the last 4 weeks, about how often did you feel nervous? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(FELT NERVOUS) (pmh08_6=1 TO 4)

pmh08_7. In the last 4 weeks, about how often did you feel so nervous that nothing could calm you down? Would you say…

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most

3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_8. In the last 4 weeks, about how often did you feel hopeless? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_9. In the last 4 weeks about how often did you feel restless or fidgety? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(FELT RESTLESS OR FIDGETY) (pmh08_9=1 TO 4)
pmh08_10. In the last four weeks about how often did you feel so restless that you could not sit still? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_11. In the last four weeks about how often did you feel depressed? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_12. (In the last four weeks) about how often did you feel everything was an effort? Would you say…

OFFICIAL

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_13. (In the last four weeks,) about how often did you feel so sad that nothing could cheer you up? Would you say….

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

*(ALL)
pmh08_14. In the last four weeks, about how often did you feel worthless? Would you say…

RESPONSE FRAME (READ OPTIONS 1-5)
1. All of the time
2. Most
3. Some
4. A little, or
5. None of the time
8888. (Don't know)
9999. (Refused)

DISCRIMINATION

*(ALL)
dis17_1. The next questions are about experiences of discrimination. Discrimination may happen when people are treated unfairly. Please only include experiences within Australia.

In the past 12 months, do you feel that you have experienced discrimination or have been treated unfairly by others?

IF NECESSARY: We're interested in how discrimination relates to health and wellbeing.

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

*(DISCRIMINATED AGAINST IN LAST 12 MONTHS dis17_1=1)
dis24_2. Thinking about your most recent experience of discrimination in Australia, do you think it was because of any of the following? (MULTIPLES ACCEPTED)

(READ OUT AND OBTAIN A RESPONSE FOR EACH STATEMENT)
A. You are Aboriginal and/or a Torres Strait Islander
B. Your skin colour

C. Your nationality, race, or ethnic group
D. The language you speak
E. Your gender
F. Your gender identity
G. Your age
H. A disability or health issue
I. Being overweight or obese
J. Your marital status
K. Your family status
L. Your sexual orientation
M. Your intersex status
N. You are neurodivergent (for example, have Autism Spectrum Disorder)
O. Any other reason (SPECIFY) _____

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

OTHER SOCIAL DETERMINANTS

FOOD INSECURITIES

*(ALL)
fis24_1. In the last 12 months, there were times when you ran out of food, and couldn't afford to buy more? Was that often, sometimes, or never true?

RESPONSE FRAME
1. Often true
2. Sometimes true
3. Never true
8888. (Don't know)
9999. (Refused)

*(ALL)
fis24_2. You couldn't afford to eat balanced meals. Was that often, sometimes, or never true in the last 12 months?

RESPONSE FRAME
1. Often true
2. Sometimes true
3. Never true
8888. (Don't know)
9999. (Refused)

*(ALL)
fis24_3. In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

RESPONSE FRAME
1. Yes
2. No
8888 (Don't know)
9999. (Refused)

*(If fis24_3 = 1)

OFFICIAL

fis24_4. How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

RESPONSE FRAME (READ OUT)
1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months
8888. (Don't know)
9999. (Refused)

*(ALL)
fis24_5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

*(ALL)
fis24_6. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

SOCIAL SUPPORT

*(ALL)
soc23_3. Can you get help from the following people if you needed it? (Multiple response)

1. Family
2. Friends
3. Neighbours
4. Work colleagues

RESPONSE FRAME
1. Yes
2. No
8888. (Don't know)
9999. (Refused)

CIVIC TRUST

*(ALL)
soc08_9. Do you feel valued by society? Would you say…

RESPONSE FRAME (READ OUT)
1. No, not at all
2. Not often
3. Sometimes, or
4. Yes, definitely
8888. (Don't know)

9999. (Refused)

TOLERANCE OF DIVERSITY

*(ALL)
soc08_10. Do you think that multiculturalism makes life in your area better? Would you say…

IF QUERIED, IT IS THE "GENERAL CONCEPT" OF MULTICULTURALISM' WE ARE AFTER, NOT THE "GOVERNMENT POLICY" IT'S UP TO THE RESPONDENTS INTERPRETATION, DO NOT OFFER ANY DEFINITION

RESPONSE FRAME (READ OUT)
1. No, not at all
2. Not often
3. Sometimes, or
4. Yes, definitely
7777. (Not applicable, eg. no multiculturalism in area)
8888. (Don't know)
9999. (Refused

HOUSEHOLD COMPOSITION

*(ALL)
dem23_9. Which best describes the household in which you live?

RESPONSE FRAME (READ OUT)
1. Couple only
2. Couple with dependent child and/or non-dependent children
3. One parent family with dependent and/or non-dependent children
4. One or more families or extended families (e.g. with grandparent(s), Aunt, Uncle etc.)
5. Family that includes people who are not-related
6. Group household
7. One person household
8. Other (Specify)
8888. (Don't know)
9999. (Refused)

ABORIGINAL OR TORRES STRAIT ISLANDER STATUS

*(ALL)
ats08_1. Are you of Aboriginal or Torres Strait Islander origin?

RESPONSE FRAME
1. No, not Aboriginal or Torres Strait Islander
2. Yes, Aboriginal
3. Yes, Torres Strait Islander
4. Yes, Aboriginal and Torres Strait Islander
8888. (Don't know)
9999. (Refused)

EMPLOYMENT STATUS

*(ALL)
sde22_3. Which of these best describes your current employment status? Are you

RESPONSE FRAME (READ OUT)
1. Self employed

2. Full-time employed for wages, salary or payment in kind
3. Part-time employed for wages, salary or payment in kind
4. Unemployed and on unemployed benefits
5. Unemployed but not on unemployed benefits
6. Home duties
7. Carer
8. Student
9. Retired, or
10. Unable to work
11. Other (Specify)
8888. (Don't know)
9999. (Refused)

*(sde22_3 EMPLOYMENT STATUS = 1, 2 or 3 (working full or part time or self employed))
sde24_2. How satisfied are you with your working situation? Would you say….

RESPONSE FRAME (READ OUT)
1. Very satisfied
2. Satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied
8888. (Don't know)

HOUSEHOLD INCOME

*(ALL)
sde15_4. We are interested in how income relates to health, lifestyle and access to health services, so could I just ask, which of the following ranges best describes your household's approximate income, from all sources, before tax is taken out, over the last 12 months?

RESPONSE FRAME (PROBE THEN READ OUT)
1. Less than $10,000
2. $10,000 – less than $20,000
3. $20,000 – less than $30,000
4. $30,000 – less than $40,000
5. $40,000 – less than $50,000
6. $50,000 – less than $60,000
7. $60,000 – less than $80,000
8. $80,000 – less than $100,000
9. $100,000 – less than $125,000
10. $125,000 – less than $150,000
11. $150,000 – to less than $200,000
12. $200,000 or more
8888. (Don't know)
9999. (Refused)

EDUCATION

*(ALL)
sde20_2. What is the highest level of primary or secondary school you have completed?

INTERVIEWER NOTE: Mentions of 'matriculation' or 'form 6' code to Year 12 or equivalent, 'form 1' code to Year 7 or equivalent, 'form 2' code to Year 8 or equivalent' etc.

RESPONSE FRAME
1. Year 12 or equivalent
2. Year 11 or equivalent
3. Year 10 or equivalent
4. Year 9 or equivalent
5. Year 8 or equivalent
6. Year 7 or equivalent
7. Year 6 or below
8. Never attended school
8888. (Don't know)
9999. (Refused)

*(ALL)
sde22_1. What is your highest level of non-school qualification?

INTERVIEWER NOTE: Excludes qualifications that are currently being completed

RESPONSE FRAME
1. Postgraduate degree (Masters or Doctorate)
2. Graduate diploma or graduate certificate
3. Bachelor's degree
4. Advanced Diploma/Diploma
5. Certificate III/IV
6. Certificate I/II
7. Certificate not further defined
8. Other (Please specify)
9. Don't have a non-school qualification
8888. (Don't know)
9999. (Refused)

HOME OWNERSHIP

*(ALL)
sde22_6. The next question is about your home…Is this dwelling…

RESPONSE FRAME (READ OUT)
1. Owned, no mortgage?
2. Owned with mortgage?
3. Rented privately?
4. Rented from the state government?
5. Rented from a community housing agency, such as a housing cooperative or association?
6. Other (Specify)
8888. (Don't know)
9999. (Refused)

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