

Living in the Community Questionnaire (LCQ)

This questionnaire is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.

The questionnaire is to be completed by people aged 16 years and older.

Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

LAST WEEK

This section asks about some of the activities you did in the last week.

Social activities

1. In the **last week**, did you do any of these social activities?

(Please tick all that apply)

Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)

Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)

Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)

Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious service or an organised event or activity)

Other social activities

None of the above

2. In the **last week**, about how much time did you spend doing all of these social activities?

Please provide your best estimate of the total number of hours you spent on these activities _____ hours in total

Please tick if no hours spent in social activities

3. In your opinion, was the amount of time you spent doing social activities **last week**...?

(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

4. Are you currently enrolled in any of the following courses of study? *(Please tick all that apply)*

Secondary school

University / Other higher education

TAFE / Technical / Vocational / Registered training organisation

Other courses (job preparation, adult education, hobby courses)

None of the above

5. In the **last week**, in total, how many hours did you spend in class or studying for these courses?

Please write the approximate number of hours spent in class or studying last week _____ hours in total

Please tick if no hours spent studying for these courses

6. In your opinion, was the amount of time you spent in education in the **last week...?**
(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary or unpaid work

7. In the **last week**, how much time did you spend doing voluntary or unpaid work through an organisation or group?

Please write the approximate number of hours spent doing voluntary or unpaid work _____ hours in total

Please tick if you did not do any voluntary work

8. In your opinion, was the amount of time you spent in voluntary or unpaid work in the **last week...?**
(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caring for others

9. In the **last week**, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment.
(Please tick all the boxes that apply)

A family or friend because of disability, long term illness or old age

A child under 15 years of age

Other caring. Please describe the care provided _____

None of the above

10. In the **last week**, how many hours in total did you spend providing this care?

Please write the approximate number of hours spent providing care last week _____ hours in total

Please tick if no hours spent providing care

11. In your opinion, was the amount of time you spent caring for others in the **last week**...?
(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment

12. Of the following employment categories, which best describes your current employment?
(Please tick one box)

Full-Time employee

Part-Time employee

Self-employed - not employing others

Self-employed - employing others

Employed - unpaid worker in a family business

Unemployed - seeking full-time work **(Please go to question 14)**

Unemployed - seeking part-time work **(Please go to question 14)**

Not employed - not seeking employment **(Please go to question 14)**

13. **Last week**, how many hours did you work in total in these jobs?

Please write in actual hours worked, subtract any time off, add any overtime or extra time worked _____ hours

14. In your opinion, was the amount of time you spent employed **last week..?**

(Please tick one box only)

Far too little	Too little	About right	Too much	Far too much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST 4 WEEKS

This section asks about some of the activities you did in the last four weeks.

Looking for work

15. In the **last four weeks**, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).

(Please tick all the boxes that apply)

No, I did not look for work

Yes, I looked for full-time work

Yes, I looked for part-time work

Living situation

16. In the **last four weeks**, in what type of accommodation were you living?

(Please tick all the boxes that apply)

Public rented house or unit

Privately rented house or unit

Own home or unit (with or without mortgage)

Family home or unit (with or without board)

Group home / Supported accommodation

Boarding house / Rooming house / Hostel

Caravan

Hospital / Rehabilitation / Other health services

Residential aged care facility / Nursing home

Crisis accommodation / Shelter / Refuge

Homeless

Other *(Please specify)* _____

17. Who were you living with in the **last four weeks**?

(Please tick all the boxes that apply)

- By yourself
- Family (including wife, husband, son, daughter, brother or sister)
- Friends
- Share house
- Other *(please specify)* _____

18. How would you rate your current living situation overall (thinking about cost, location, security and space?)

(Please tick one box only)

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST 12 MONTHS

This section asks about some things about services you have used in the last 12 months.

Seeing a GP

19. In the **last 12 months**, how many times did you see a general practitioner?

(Please write your best estimate)

Number of times you saw a general practitioner _____

Other health professionals

20. In the **last 12 months**, did you see any of the following health professionals?

(Please tick all that apply)

- Psychiatrist (public or private)
- Psychologist (public / private)
- Mental health nurse
- Social worker or occupational therapist
- Complementary or alternative therapist
- Case worker / Support worker
- Other *(please specify)* _____
- No, none

Now

This section asks about some things that you are feeling or experiencing now.

Physical health

21. In general, how is your physical health?
(Please tick one box only)

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Having your say

How would you rate your confidence to do the following?
(Please tick one box for each statement)

	Poor	Fair	Good	Very good	Excellent
22. Control your life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have your say within the community on issues that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have your say with the person or agency involved in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have your say among family and friends about issues that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have your opinions respected when having your say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Would you like some help from this service with any of the things asked about in this questionnaire?
This includes with social activities, education, volunteering, work, housing and physical health?

- No
 Yes (Please specify) _____

Overall

Please rate how you feel in each of the following areas.
(Please tick one box for each statement)

	Poor	Fair	Good	Very good	Excellent
28. Your hopefulness for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Your happiness with your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Your ability to achieve the things that are important to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Your sense of being part of a group or community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Your ability to get support from family or friends when you need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Your overall well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this questionnaire.

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