

National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Participants from 0 to before starting school

Participants from 0 to before starting school

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Participant information

1. Please enter the child's NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. Who does the child currently live with?	<input type="checkbox"/> With parents <input type="checkbox"/> With other family members <input type="checkbox"/> With people not related to participant (e.g. foster carers) <input type="checkbox"/> Other, please specify:
3. What type of housing does the child currently live in?	<input type="checkbox"/> Private home: owned by family/carers <input type="checkbox"/> Private home: rented from private landlord <input type="checkbox"/> Private home: rented from public authority <input type="checkbox"/> Other, please specify:
4. What is the annual income of the child's household, before tax and other deductions? (Don't include the income of people the participant only shares accommodation with, e.g. in a group home)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed
5. Is compensation being sought, or has compensation previously been sought, in relation to the child's disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions about the participant

Domain 1: Daily living

Question number	Question	Answer options
1	Do you have any concerns about your child's development in the following areas?	
	• Gross motor skills (e.g. crawling, standing, walking, catching a ball)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Fine motor skills (e.g. drawing, stacking blocks, pincer grasp)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Self-care (e.g. washing or eating)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Eating/ Feeding (e.g. chewing, swallowing, transitioning to table foods)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Social interaction (e.g. playing with peers, interacting with others, separating from parents, behaviours such as biting, hitting, frequent tantrums)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Language/Communication (e.g. following directions, speaking, expressing themselves, participating in conversations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Cognitive development (e.g. understanding concepts, problem solving)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Sensory processing (e.g. concentration, responses to changes in routine or certain textures, dislikes bath or grooming activities)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Please specify any other areas of concern:
2	My child uses specialist services (e.g. speech pathology, occupational therapy) that assist their learning and development	<input type="checkbox"/> Yes (go to 3) <input type="checkbox"/> No (go to 5)
3	These services help my child gain the skills she/he needs to participate in everyday life (e.g. go to preschool)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	These services support me to assist my child	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has the NDIS improved your child's development?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Has the NDIS improved your child's access to specialist services?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 2: Choice and Control

Question number	Question	Answer options
1	My child is able to tell me what he/she wants	<input type="checkbox"/> Yes, without assistance <input type="checkbox"/> Yes, with assistance <input type="checkbox"/> No
2	Has the NDIS helped increase your child's ability to communicate what they want?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 3: Relationships

Question number	Question	Answer options
1	My child gets along with his/her brother(s)/sister(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No brothers or sisters
2	My child can make friends with people outside the family	<input type="checkbox"/> Yes <input type="checkbox"/> With some people <input type="checkbox"/> No
3	My child joins me when I complete tasks at home	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
4	My child joins me when I complete tasks outside the home (e.g. shopping, sport)	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
5	My child fits in with the everyday life of the family	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Has the NDIS improved how your child fits into family life?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 4: Social, community and civic participation

Question number	Question	Answer options																											
1	Do you use any form of childcare?	<input type="checkbox"/> Yes (go to 2) <input type="checkbox"/> No (go to 3)																											
2	Please specify which of the following types of childcare you use, and whether you use them when you and/or your partner are at work, or when you are not at work (you may select both situations, or leave blank if you do not use that form of childcare)																												
		<table border="1"> <thead> <tr> <th></th> <th>Use while we're at work</th> <th>Use while we're not at work</th> </tr> </thead> <tbody> <tr> <td>• The child's brother or sister</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Another relative who lives with you (paid or unpaid)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Another relative who doesn't live with you (paid or unpaid)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• A friend or neighbour (caring for the child either at your home or in their home; paid or unpaid)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• A nanny or babysitter who is paid to come to your home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• A nanny or babysitter who is paid to care for your child in their home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• Family day care, long day care, any other care at a Child Care Centre</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>• The child goes to your (or your partner's) work</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Use while we're at work	Use while we're not at work	• The child's brother or sister	<input type="checkbox"/>	<input type="checkbox"/>	• Another relative who lives with you (paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>	• Another relative who doesn't live with you (paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>	• A friend or neighbour (caring for the child either at your home or in their home; paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>	• A nanny or babysitter who is paid to come to your home	<input type="checkbox"/>	<input type="checkbox"/>	• A nanny or babysitter who is paid to care for your child in their home	<input type="checkbox"/>	<input type="checkbox"/>	• Family day care, long day care, any other care at a Child Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	• The child goes to your (or your partner's) work	<input type="checkbox"/>	<input type="checkbox"/>
	Use while we're at work	Use while we're not at work																											
• The child's brother or sister	<input type="checkbox"/>	<input type="checkbox"/>																											
• Another relative who lives with you (paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>																											
• Another relative who doesn't live with you (paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>																											
• A friend or neighbour (caring for the child either at your home or in their home; paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>																											
• A nanny or babysitter who is paid to come to your home	<input type="checkbox"/>	<input type="checkbox"/>																											
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• Family day care, long day care, any other care at a Child Care Centre	<input type="checkbox"/>	<input type="checkbox"/>																											
• The child goes to your (or your partner's) work	<input type="checkbox"/>	<input type="checkbox"/>																											
3	My child has friends that he/she enjoys playing with	<input type="checkbox"/> Yes (go to 4) <input type="checkbox"/> No (go to 5)																											
4	These friends are at (<i>choose all that apply</i>)	<input type="checkbox"/> Preschool <input type="checkbox"/> Playgroup <input type="checkbox"/> Social or family gatherings (e.g. children of friends or extended family) <input type="checkbox"/> Other community activities <input type="checkbox"/> Other (please specify):																											
5	My child participates in age appropriate community, cultural or religious activities	<input type="checkbox"/> A few times a week <input type="checkbox"/> About once a week <input type="checkbox"/> Once every two weeks <input type="checkbox"/> About once a month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Never (go to 7)																											
6	At these activities, I think my child is	<i>Choose one option</i>																											

Question number	Question	Answer options
		<input type="checkbox"/> Welcomed <input type="checkbox"/> Actively included <input type="checkbox"/> Mostly an observer <input type="checkbox"/> Tolerated <input type="checkbox"/> Made to feel unwelcome <input type="checkbox"/> Is present but not really a part of the group
7	I would like my child to be more involved in community activities	<input type="checkbox"/> Yes (go to 8) <input type="checkbox"/> No (go to 9)
8	The barriers to my child being involved in community activities are (<i>choose all that apply</i>)	<input type="checkbox"/> My child's disability (e.g. ability to communicate) <input type="checkbox"/> Other children are not welcoming <input type="checkbox"/> Other families are not welcoming <input type="checkbox"/> I am too busy <input type="checkbox"/> Transport <input type="checkbox"/> Cost <input type="checkbox"/> Other (please specify):
9	Has the NDIS improved how your child fits into community life?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for completing the participant questions. Please tell us who completed the questionnaire. You may also provide a comment if you wish.

Who responded to the questions?	<input type="checkbox"/> The participant's mother <input type="checkbox"/> The participant's father <input type="checkbox"/> Other, please specify:
Any comments?	

National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Participant from starting school to age 14

Participants from starting school to age 14

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Participant information

1. Please enter the child's NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. Who does the child currently live with?	<input type="checkbox"/> With parents <input type="checkbox"/> With other family members <input type="checkbox"/> With people not related to participant (e.g. foster carers) <input type="checkbox"/> Other, please specify:
3. What type of housing does the child currently live in?	<input type="checkbox"/> Private home: owned by family/carers <input type="checkbox"/> Private home: rented from private landlord <input type="checkbox"/> Private home: rented from public authority <input type="checkbox"/> Other, please specify:
4. Does the child currently have a job? (including a part time job outside school hours)	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 8)
5. Please describe the type of work (e.g. serving in a restaurant, newspaper round, office administration, babysitting)	<i>Free text</i>
6. What is the usual number of hours worked per week?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 or more hours
7. What is the usual weekly income (before tax and other deductions)?	<input type="checkbox"/> \$0 <input type="checkbox"/> \$0-\$49 per week <input type="checkbox"/> \$50-\$99 per week <input type="checkbox"/> \$100 or more per week <input type="checkbox"/> Not disclosed
8. What is the annual income of the child's household, before tax and other deductions? (Don't include the income of people the participant only shares accommodation with, e.g. in a group home)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999

	<input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed
9. Is compensation being sought, or has compensation previously been sought, in relation to the child's disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions about the participant

Domain 1: Daily living

Question Number	Statement/Question	Response options	
1	My child is developing functional, learning and coping skills that are appropriate to his/her ability and circumstances	<input type="checkbox"/> Not very well <input type="checkbox"/> Pretty well <input type="checkbox"/> Very well	
2	Most of the time my child manages his/her emotions	<input type="checkbox"/> Not very well <input type="checkbox"/> Pretty well <input type="checkbox"/> Very well	
3	Most of the time my child is able to do tasks at home, at school and in the community that a child of the same age would be expected to be able to do	<input type="checkbox"/> Not very well <input type="checkbox"/> Pretty well <input type="checkbox"/> Very well	
4	My child is becoming more independent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	My child spends time away from us (his parents) other than at school	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 7)	
6	When our child spends time away from us, he/she spends time with (please answer Yes or No for each option):		
		Yes	No
	Extended family	<input type="checkbox"/>	<input type="checkbox"/>
	Family friends	<input type="checkbox"/>	<input type="checkbox"/>
	Child's friends	<input type="checkbox"/>	<input type="checkbox"/>
	In group activities with local peers	<input type="checkbox"/>	<input type="checkbox"/>
	In activities with other children with disability	<input type="checkbox"/>	<input type="checkbox"/>
	In a respite house	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):			
7	My child spends time with friends without an adult present	<input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> On one occasion <input type="checkbox"/> Never	
8	My child has a genuine say in decisions about him/her	<input type="checkbox"/> Yes, most decisions <input type="checkbox"/> Some decisions <input type="checkbox"/> No	
9	Has the NDIS helped your child to become more independent?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No	

Domain 2: Lifelong learning

Question Number	Statement/Question	Response options	
1	My child attends school	<input type="checkbox"/> Yes (go to 2) <input type="checkbox"/> No (go to 8)	
2	My child's current (or most recently completed) school year is:	<input type="checkbox"/> Kindergarten or equivalent <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 or above	
3	My child is enrolled in	<input type="checkbox"/> A mainstream class <input type="checkbox"/> A support class <input type="checkbox"/> A special school <input type="checkbox"/> A school/class for gifted/talented children <input type="checkbox"/> Home schooling	
4	I think that my child is learning at school	<input type="checkbox"/> Almost always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Not usually <input type="checkbox"/> Almost never	
5	I think that my child is happy at school	<input type="checkbox"/> Almost always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Not usually <input type="checkbox"/> Almost never	
6	Has your child been involved in the following co-curricular activities at school?		
		Yes	No
	In school plays/ concerts	<input type="checkbox"/>	<input type="checkbox"/>
	In school clubs	<input type="checkbox"/>	<input type="checkbox"/>
	In sporting teams	<input type="checkbox"/>	<input type="checkbox"/>
	As a prefect	<input type="checkbox"/>	<input type="checkbox"/>
	As a member of the student representative council	<input type="checkbox"/>	<input type="checkbox"/>
	As a buddy or mentor to other students	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):			

Question Number	Statement/Question	Response options
7	Has your child ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Has the NDIS improved your child's access to education?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 3: Relationships

Question Number	Statement/Question	Response options
1	My child gets along well with his/her brother(s)/sister(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No brothers or sisters
2	My child can make friends with people outside the family	<input type="checkbox"/> Yes <input type="checkbox"/> With some people <input type="checkbox"/> No
3	There is enough time each week for all members of my family to get their needs met	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	My child fits well into the everyday life of the family	<input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
5	When you need to go out, which of the following options do you use to look after your child?	<i>Choose all options you use</i> <input type="checkbox"/> Siblings <input type="checkbox"/> Extended family <input type="checkbox"/> Friends <input type="checkbox"/> He/she is able to stay alone <input type="checkbox"/> Privately recruited babysitter <input type="checkbox"/> NDIS individualised support <input type="checkbox"/> Respite centre <input type="checkbox"/> We never go out without our child
6	Are you happy with that arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	My child has friends that he/she enjoys spending time with	<input type="checkbox"/> Yes (go to 8) <input type="checkbox"/> No (go to 9)
8	The friends are	<i>Choose all that apply</i> <input type="checkbox"/> At school <input type="checkbox"/> Outside school <input type="checkbox"/> Online
9	Has the NDIS improved your child's relationships with family and friends?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 4: Social, community and civic participation

Question Number	Statement/Question	Response options
1	During school holidays I use the following holiday care	<p><i>Choose all that apply:</i></p> <input type="checkbox"/> Parents provide care <input type="checkbox"/> Mainstream school holiday program <input type="checkbox"/> School holiday program for children with disability <input type="checkbox"/> NDIS funded support <input type="checkbox"/> Grandparents <input type="checkbox"/> Other family <input type="checkbox"/> Friends <input type="checkbox"/> Able to stay by themselves <input type="checkbox"/> Other (please specify):
2	My child is happy with this choice/ these choices	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never
3	After school and on the weekend my child	<p><i>Choose all that apply</i></p> <input type="checkbox"/> Gets together with friends <input type="checkbox"/> Is involved in mainstream sport, clubs, or other group activities <input type="checkbox"/> Is involved in sport, clubs, or other group activities with children with disability <input type="checkbox"/> None of the above (go to 5)
4	In these activities, I feel my child is	<input type="checkbox"/> Welcomed <input type="checkbox"/> Actively included <input type="checkbox"/> Mostly an observer <input type="checkbox"/> Tolerated <input type="checkbox"/> Made to feel unwelcome <input type="checkbox"/> Present but is not really part of the group
5	I would like my child to have more opportunity to be involved in activities with other children	<input type="checkbox"/> Yes (go to 6) <input type="checkbox"/> No (go to 7)
6	The barriers to my child being more involved with other children are:	<p><i>Choose all that apply</i></p> <input type="checkbox"/> My child's disability (e.g. ability to communicate) <input type="checkbox"/> Other children are not welcoming <input type="checkbox"/> Other families are not welcoming <input type="checkbox"/> I am too busy <input type="checkbox"/> Transport <input type="checkbox"/> Cost <input type="checkbox"/> Other (please specify):

Question Number	Statement/Question	Response options
7	Has the NDIS improved your child's social and recreational life?	<input type="checkbox"/> It's my first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for completing the participant questions. Please tell us who completed the questionnaire. You may also provide a comment if you wish.

Who responded to the questions?	<input type="checkbox"/> The participant on their own <input type="checkbox"/> The participant with assistance from another person (e.g. family member, friend) <input type="checkbox"/> The participant's mother <input type="checkbox"/> The participant's father <input type="checkbox"/> Other, please specify:
Any comments?	

National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Participant aged 15 to 24

Participants aged 15 to 24

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Participant information

1. Please enter your NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. What level of school have you completed?	<input type="checkbox"/> None <input type="checkbox"/> Year 7 or below <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 or above
3. What is the highest level of post-school qualification you have completed?	<input type="checkbox"/> None <input type="checkbox"/> TAFE Certificate I-IV <input type="checkbox"/> Diploma or Advanced Diploma <input type="checkbox"/> Graduate Certificate or Graduate Diploma <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Postgraduate degree (e.g. Masters, PhD) <input type="checkbox"/> Other (please specify):
4. Who do you currently live with?	<input type="checkbox"/> Alone <input type="checkbox"/> Parents <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Spouse/partner and child(ren) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Other family members <input type="checkbox"/> People not related to me <input type="checkbox"/> Other, please specify:
5. What are your current housing arrangements?	<input type="checkbox"/> Private home: owned by self/family <input type="checkbox"/> Private home: rented from private landlord <input type="checkbox"/> Private home: rented from public authority <input type="checkbox"/> Large residential (20+ people) <input type="checkbox"/> Small residential (<20 people) <input type="checkbox"/> Hostel <input type="checkbox"/> Aboriginal or Torres Strait Islander community residence <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Boarding house/private hotel

	<input type="checkbox"/> Short-term crisis <input type="checkbox"/> Temporary shelter (homeless) <input type="checkbox"/> Nursing home/aged care facility <input type="checkbox"/> Other, please specify:
6. What type of employment activities do you currently attend/participate in?	<input type="checkbox"/> Do not participate (not working and not looking for work) (go to 9) <input type="checkbox"/> Job seeking (on your own or with an employment service) (go to 9) <input type="checkbox"/> Employment in the open employment market with full award wages <input type="checkbox"/> Employment in the open employment market at less than minimum wage, i.e. Supported Wage System <input type="checkbox"/> Employment with an Australian Disability Enterprise <input type="checkbox"/> Pre-vocational training <input type="checkbox"/> Australian Apprenticeship <input type="checkbox"/> Work experience <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify)
7. What is the industry of employment?	<i>Free text</i>
8. What is the typical number of hours you work per week (range)?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 hours to less than 30 hours <input type="checkbox"/> 30 or more hours
9. What is your annual income, before tax and other deductions? Include all sources, such as wages, investments and Government pensions and benefits.	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed
10. What is the annual income of your household, before tax and other deductions? Include income from all sources, such as wages, investments and Government pensions and benefits. (Don't include the income of people you only share accommodation with, e.g. in a group home)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed

11. What educational activities are you currently participating in?	<input type="checkbox"/> Not studying (go to 13) <input type="checkbox"/> Secondary (high) school – mainstream class <input type="checkbox"/> Secondary (high) school - special class in mainstream school <input type="checkbox"/> Special school <input type="checkbox"/> Pre-apprenticeship vocational training <input type="checkbox"/> Australian Apprenticeship <input type="checkbox"/> TAFE college or other post-secondary training college <input type="checkbox"/> University course <input type="checkbox"/> Other (please specify):
12. Are you currently studying full time or part time?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
13. Are you seeking or have you previously sought compensation related to your injury/disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions about the participant

Domain 1: Choice and Control

Question number	Question	Answer options
1	Do you have more independence/control over your life than you did 2 years ago?	a) Yes b) No, because of factors related to my disability (e.g. degenerative condition) c) No, because of factors unrelated to my disability
2	Are you happy with the level of independence/control you have now?	a) Yes b) No
3	Do you make more decisions in your life than you did 2 years ago?	a) Yes and it's about right b) Yes and I would like to make more c) No it's the same d) No I make fewer decisions
4	What involvement do/did you have in planning for your life after your school years?	a) I made the decisions b) I had some input into the decisions c) Someone else made the decisions d) I haven't started planning yet
5	Do you choose who supports you?	a) Yes I choose b) Sometimes I have a say c) No, someone else chooses
6	Do you choose what you do each day?	a) Yes I choose b) Sometimes I have a say c) No, someone else chooses
7	Who makes most decisions in your life?	a) I do b) My family c) My friends d) My service providers e) Others (please specify):
8	Do you feel able to advocate (stand up) for yourself? That is, do you feel able to speak up if you have issues or problems with accessing supports?	a) Yes b) No
9	Have you ever participated in a self-advocacy group meeting, conference, or event?	a) Yes b) No, I had the opportunity but chose not to participate c) No, I have not had the opportunity to participate
10	Do you want more choice and control in your life?	a) Yes b) No
11	Has the NDIS helped you have more choices and more control over your life?	a) It's my first plan b) Yes c) No

Domain 2: Daily living activities

Question number	Question	Answer options
1	Do you need support to do domestic tasks (e.g. shopping, cooking, cleaning, meal preparation)?	a) Yes b) No (go to 5)
2	Do you get support for domestic tasks?	a) Yes b) No (go to 5)
3	Does the support you receive meet your needs?	a) Yes b) No
4	Does the support you currently receive enable you to perform the tasks yourself as much as possible?	a) Yes b) No
5	Do you need support with personal care (e.g. washing yourself, dressing)?	a) Yes b) No (go to 9)
6	Do you get support with personal care (e.g. washing yourself, dressing)?	a) Yes b) No (go to 9)
7	Does the support you receive meet your needs?	a) Yes b) No
8	Does the support you currently receive enable allow you to care for yourself as much as possible?	a) Yes b) No
9	Do you need support for travel & transport?	a) Yes b) No (go to 13)
10	Do you get support for travel & transport?	a) Yes b) No (go to 13)
11	Does the support you receive meet your needs?	a) Yes b) No
12	Does the support you currently receive allow you to travel by yourself as much as possible?	a) Yes b) No
13	Do you need support to communicate with other people?	a) Yes b) No (go to 17)
14	Do you get support for communicating with others?	a) Yes b) No (go to 17)
15	Does the support you receive meet your needs?	a) Yes b) No
16	Does the support you currently receive enable you to communicate as independently as possible?	a) Yes b) No
17	Do you need support for getting	a) Yes

Question number	Question	Answer options
	out of the house?	b) No (go to 21)
18	Do you get support for getting out of the house?	a) Yes b) No (go to 21)
19	Does the support you receive meet your needs?	a) Yes b) No
20	Does the support you currently receive enable you to get out of the house with as little assistance as possible ?	a) Yes b) No
21	Do you need support with dealing with your finances/money?	a) Yes b) No (go to 25)
22	Do you get support with dealing with your finances/money?	a) Yes b) No (go to 25)
23	Does the support you receive meet your needs?	a) Yes b) No
24	Does the support you currently receive enable you to manage finances/money by yourself where possible?	a) Yes b) No
25	Do you need support with reading and/or writing?	a) Yes b) No (go to 29)
26	Do you get support with reading and/or writing?	a) Yes b) No (go to 29)
27	Does the support you receive meet your needs?	a) Yes b) No
28	Does the support you currently receive enable you to read and/or write by yourself where possible?	a) Yes b) No
29	Do you need support with using technology?	a) Yes b) No (go to 33)
30	Do you get support with using technology?	a) Yes b) No (go to 33)
31	Does the support you receive meet your needs?	a) Yes b) No
32	Does the support you currently receive enable you to use technology by yourself where possible?	a) Yes b) No
33	Have you ever undertaken training to do more of these daily activities by yourself?	a) Yes b) No
34	Has the NDIS helped you with daily living activities?	a) It's my first plan b) Yes c) No

Domain 3: Relationships

Question number	Question	Answer options
1	Do you have someone outside your home to call when you need help? (choose all that apply)	a) Yes, paid staff b) Yes, family c) Yes, friends d) No
2	Are you happy with how often you see your family?	a) Yes b) No, I would like to see them more c) No, I would like to see them less
3	Do you provide care for others?	a) Yes b) No (go to 5)
4	Do you need help to continue caring for someone else?	a) Yes, and I receive enough assistance b) Yes but I don't receive enough assistance c) Yes, but I don't receive any assistance d) No
5	Do you have friends other than family or paid staff?	<i>Can choose both a) & b):</i> a) Yes, people with disability b) Yes, people without disability c) No
6	Are you happy with how often you see friends?	a) Yes b) No, I would like to see them more c) No, I would like to see them less
7	Has the NDIS helped you to meet more people?	a) It's my first plan b) Yes c) No

Domain 4: Home

Question number	Question	Answer options
1	<p><i>Thinking about where you currently live in relation to your disability support needs:</i></p> <p>Are you happy with the home you live in?</p>	<p>a) Yes b) No, I want to choose my home c) No, because of factors related to my support needs (e.g. access, equipment, support) d) No, for another reason (please specify):</p> <p>If a) go to 2 If b), c) or d), go to 3</p>
2	<p>Will you want to live here in 5 years' time?</p>	<p>a) Yes b) No, I want to choose my home c) No, because of factors related to my support needs (e.g. access, equipment, support) d) No, for another reason (please specify)</p> <p>If a) go to 4 If b), c) or d), go to 3</p>
3	<p>What stops you from living in a home that you would choose?</p>	<p>a) Lack of support b) Lack of affordable housing c) Lack of choice d) Other (please specify):</p>
4	<p>How safe or unsafe do you feel in your home?</p>	<p>a) Very safe b) Safe c) Neither safe nor unsafe d) Unsafe e) Very unsafe</p>
5	<p>Has your involvement with the NDIS helped you to choose a home that's right for you?</p>	<p>a) It's my first plan b) Yes c) No</p>

Domain 5: Health and wellbeing

Question number	Question	Answer options
1	Overall, do you think that your health is excellent, very good, good, fair or poor?	<ul style="list-style-type: none"> a) Excellent b) Very good c) Good d) Fair e) Poor
2	Do you have a doctor that you see on a regular basis?	<ul style="list-style-type: none"> a) Yes b) No
3	Have you had difficulty in getting health services?	<ul style="list-style-type: none"> a) Yes, because of the attitudes and/or expertise of health professionals b) Yes, because of access issues c) Yes, because I don't have support d) Yes, because I don't have transport d) Yes, because I can't afford it e) No
4	How many times have you been to the hospital in the last 12 months?	<ul style="list-style-type: none"> a) 0 b) 1 c) 2 d) 3-5 e) 6+
6	Do you feel safe getting out and about in your community?	<ul style="list-style-type: none"> a) Yes b) No
7	Has your involvement with the NDIS improved your health and wellbeing?	<ul style="list-style-type: none"> a) It's my first plan b) Yes c) No

Domain 6: Lifelong learning

Question number	Question	Answer options
1	Have you completed secondary school?	a) Yes b) No
2	At school, are you/were you:	a) In the regular class b) In a support class c) In a special school d) Home schooled
3	At school, are you/were you actively included in the following co-curricular activities?	
		Yes No
	In school plays and concerts	<input type="checkbox"/> <input type="checkbox"/>
	In school clubs	<input type="checkbox"/> <input type="checkbox"/>
	In sporting teams	<input type="checkbox"/> <input type="checkbox"/>
	As a prefect	<input type="checkbox"/> <input type="checkbox"/>
	As a member of the Student Representative Council	<input type="checkbox"/> <input type="checkbox"/>
	As a buddy or mentor to other students	<input type="checkbox"/> <input type="checkbox"/>
	Please specify any other activities you were involved in:	
	<i>If answer to Q1 was b), go to 10, otherwise go to 4</i>	
4	Do you get opportunities to learn new things?	a) Yes b) No but I would like to learn new things c) No and that's OK
5	Do you currently participate in education, training or skill development?	a) Yes b) No (<i>go to 9</i>)
6	Where do you do this?	a) Disability education facility b) TAFE c) Community college or school d) University e) Other (please specify):
7	Are you in a class for students with disability?	a) Yes b) No
8	Is it what you want?	a) Yes b) No
9	In the last 12 months, is there any course or training that you wanted to do but couldn't?	a) Yes, I lacked support b) Yes, course requirements prevented me from participating c) Yes, travel prevented me from getting there d) Yes, the cost of courses prevented me from participating e) Yes, there was no suitable course

		f) Yes, other (please specify) g) No
10	Has your involvement with the NDIS helped you to learn things you want to learn or to take courses you want to take?	a) It's my first plan b) Yes c) No

Domain 7: Work

Question number	Question	Answer options
1	Are you currently working in an unpaid job	a) Yes b) No
2	Are you currently working in a paid job?	a) Yes (go to 3) b) No, but I would like one (go to 5) c) No and I don't want one (go to 6)
3	What type of employment is it?	a) Open employment market with full award wages b) Open employment market at less than minimum wage, i.e. Supported Wage System c) Australian Disability Enterprise d) Australian Apprenticeship e) Self-employed f) Other (please specify)
4	Do you get the support you need to do your job?	a) Yes b) No Go to 6
5	Are you being assisted to get a job?	a) Yes b) No
6	Has your involvement with the NDIS helped you find a job that's right for you?	a) It's my first plan b) Yes c) No

Domain 8: Social, community and civic participation

Question number	Question	Answer options
1	Do you spend your free time doing activities that interest you?	a) Yes b) No
2	In the last 12 months, is there anything that you wanted to do but couldn't?	a) Yes, b) No
3	Are you currently a volunteer?	a) Yes b) No, but I would like to c) No, it doesn't interest me
4	Have you been actively involved in a community, cultural or religious group in the last 12 months?	a) Yes, a general community group b) Yes, a group for people with a disability c) No, but I would like to be d) No and I don't want to be
5	Do you know people in your community?	a) Yes b) No
6	How often do you feel you are able to have a say with the services that provide support for you?	a) All of the time b) Most of the time c) Some of the time d) A little of the time e) None of the time
7	Has the NDIS helped you be more involved?	a) It's my first plan b) Yes c) No

Thank you for completing the participant questions. Please tell us who completed the questionnaire. You may also provide a comment if you wish.

1. Are you a participant in the NDIS or are you taking this questionnaire on someone else's behalf?	<input type="checkbox"/> I am the participant (go to 3) <input type="checkbox"/> I am taking the survey on someone else's behalf
2. What is your relationship to the participant?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other family member <input type="checkbox"/> Carer <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify):
3. Any comments?	

National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Participant aged 25 and over

Participants aged 25 and over

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Participant information

1. Please enter your NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. What level of school have you completed?	<input type="checkbox"/> None <input type="checkbox"/> Year 7 or below <input type="checkbox"/> Year 8 <input type="checkbox"/> Year 9 <input type="checkbox"/> Year 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 or above
3. What is the highest level of post-school qualification you have completed?	<input type="checkbox"/> None <input type="checkbox"/> TAFE Certificate I-IV <input type="checkbox"/> Diploma or Advanced Diploma <input type="checkbox"/> Graduate Certificate or Graduate Diploma <input type="checkbox"/> Bachelor degree <input type="checkbox"/> Postgraduate degree (e.g. Masters, PhD) <input type="checkbox"/> Other (please specify):
4. Who do you currently live with?	<input type="checkbox"/> Alone <input type="checkbox"/> Parents <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Spouse/partner and child(ren) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Other family members <input type="checkbox"/> People not related to me <input type="checkbox"/> Other, please specify:
5. What are your current housing arrangements?	<input type="checkbox"/> Private home: owned by self/family <input type="checkbox"/> Private home: rented from private landlord <input type="checkbox"/> Private home: rented from public authority <input type="checkbox"/> Large residential (20+ people) <input type="checkbox"/> Small residential (<20 people) <input type="checkbox"/> Hostel <input type="checkbox"/> Aboriginal or Torres Strait Islander community residence <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Boarding house/private hotel

	<input type="checkbox"/> Short-term crisis <input type="checkbox"/> Temporary shelter (homeless) <input type="checkbox"/> Nursing home/aged care facility <input type="checkbox"/> Other, please specify:
6. What type of employment activities do you currently attend/participate in?	<input type="checkbox"/> Do not participate (not working and not looking for work) (go to 9) <input type="checkbox"/> Job seeking (on your own or with an employment service) (go to 9) <input type="checkbox"/> Employment in the open employment market with full award wages <input type="checkbox"/> Employment in the open employment market at less than minimum wage, i.e. Supported Wage System <input type="checkbox"/> Employment with an Australian Disability Enterprise <input type="checkbox"/> Pre-vocational training <input type="checkbox"/> Australian Apprenticeship <input type="checkbox"/> Work experience <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify)
7. What is the industry of employment?	<i>Free text</i>
8. What is the typical number of hours you work per week (range)?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 hours to less than 30 hours <input type="checkbox"/> 30 or more hours
9. What is your annual income, before tax and other deductions? Include all sources, such as wages, investments and Government pensions and benefits.	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed
10. What is the annual income of your household, before tax and other deductions? Include income from all sources, such as wages, investments and Government pensions and benefits. (Don't include the income of people you only share accommodation with, e.g. in a group home)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed

11. What educational activities are you currently participating in?	<input type="checkbox"/> Not studying (go to 13) <input type="checkbox"/> Secondary (high) school – mainstream class <input type="checkbox"/> Secondary (high) school - special class in mainstream school <input type="checkbox"/> Special school <input type="checkbox"/> Pre-apprenticeship vocational training <input type="checkbox"/> Australian Apprenticeship <input type="checkbox"/> TAFE college or other post-secondary training college <input type="checkbox"/> University course <input type="checkbox"/> Other (please specify):
12. Are you currently studying full time or part time?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
13. Are you seeking or have you previously sought compensation related to your injury/disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions about the participant

Domain 1: Choice and Control

Question number	Question	Answer options
1	Do you choose who supports you?	a) Yes I choose b) Sometimes I have a say c) No, someone else chooses
2	Do you choose what you do each day?	a) Yes I choose b) Sometimes I have a say c) No, someone else chooses
3	Who makes most decisions in your life?	a) I do b) My family c) My friends d) My service providers e) Others (please specify):
4	Do you feel able to advocate (stand up) for yourself? That is, do you feel able to speak up if you have issues or problems with accessing supports?	a) Yes b) No
5	Have you ever participated in a self-advocacy group meeting, conference, or event?	a) Yes b) No, I had the opportunity but chose not to participate c) No, I have not had the opportunity to participate
6	Do you want more choice and control in your life?	a) Yes b) No
7	Has the NDIS helped you have more choices and more control over your life?	a) It's my first plan b) Yes c) No

Domain 2: Daily living activities

Question number	Question	Answer options
1	Do you need support to do domestic tasks (e.g. shopping, cooking, cleaning, meal preparation)?	a) Yes b) No (go to 5)
2	Do you get support for domestic tasks?	a) Yes b) No (go to 5)
3	Does the support you receive meet your needs?	a) Yes b) No
4	Does the support you currently receive enable you to perform the tasks yourself as much as possible?	a) Yes b) No
5	Do you need support with personal care (e.g. washing yourself, dressing)?	a) Yes b) No (go to 9)
6	Do you get support with personal care (e.g. washing yourself, dressing)?	a) Yes b) No (go to 9)
7	Does the support you receive meet your needs?	a) Yes b) No
8	Does the support you currently receive enable allow you to care for yourself as much as possible?	a) Yes b) No
9	Do you need support for travel & transport?	a) Yes b) No (go to 13)
10	Do you get support for travel & transport?	a) Yes b) No (go to 13)
11	Does the support you receive meet your needs?	a) Yes b) No
12	Does the support you currently receive allow you to travel by yourself as much as possible?	a) Yes b) No
13	Do you need support to communicate with other people?	a) Yes b) No (go to 17)
14	Do you get support for communicating with others?	a) Yes b) No (go to 17)
15	Does the support you receive meet your needs?	a) Yes b) No
16	Does the support you currently receive enable you to communicate as independently as possible?	a) Yes b) No
17	Do you need support for getting	a) Yes

Question number	Question	Answer options
	out of the house?	b) No (go to 21)
18	Do you get support for getting out of the house?	a) Yes b) No (go to 21)
19	Does the support you receive meet your needs?	a) Yes b) No
20	Does the support you currently receive enable you to get out of the house with as little assistance as possible ?	a) Yes b) No
21	Do you need support with dealing with your finances/money?	a) Yes b) No (go to 25)
22	Do you get support with dealing with your finances/money?	a) Yes b) No (go to 25)
23	Does the support you receive meet your needs?	a) Yes b) No
24	Does the support you currently receive enable you to manage finances/money by yourself where possible?	a) Yes b) No
25	Do you need support with reading and/or writing?	a) Yes b) No (go to 29)
26	Do you get support with reading and/or writing?	a) Yes b) No (go to 29)
27	Does the support you receive meet your needs?	a) Yes b) No
28	Does the support you currently receive enable you to read and/or write by yourself where possible?	a) Yes b) No
29	Do you need support with using technology?	a) Yes b) No (go to 33)
30	Do you get support with using technology?	a) Yes b) No (go to 33)
31	Does the support you receive meet your needs?	a) Yes b) No
32	Does the support you currently receive enable you to use technology by yourself where possible?	a) Yes b) No
33	Have you ever undertaken training to do more of these daily activities by yourself?	a) Yes b) No
34	Has the NDIS helped you with daily living activities?	a) It's my first plan b) Yes c) No

Domain 3: Relationships

Question number	Question	Answer options
1	Do you have someone outside your home to call when you need help? (choose all that apply)	a) Yes, paid staff b) Yes, family c) Yes, friends d) No
2	Are you happy with how often you see your family?	a) Yes b) No, I would like to see them more c) No, I would like to see them less
3	Do you provide care for others?	a) Yes b) No (go to 5)
4	Do you need help to continue caring for someone else?	a) Yes, and I receive enough assistance b) Yes but I don't receive enough assistance c) Yes, but I don't receive any assistance d) No
5	Do you have friends other than family or paid staff?	<i>Can choose both a) & b):</i> a) Yes, people with disability b) Yes, people without disability c) No
6	Are you happy with how often you see friends?	a) Yes b) No, I would like to see them more c) No, I would like to see them less
7	Has the NDIS helped you to meet more people?	a) It's my first plan b) Yes c) No

Domain 4: Home

Question number	Question	Answer options
1	<i>Thinking about where you currently live in relation to your disability support needs:</i> Are you happy with the home you live in?	a) Yes b) No, I want to choose my home c) No, because of factors related to my support needs (e.g. access, equipment, support) d) No, for another reason (please specify): If a) go to 2 If b), c) or d), go to 3
2	Will you want to live here in 5 years' time?	a) Yes b) No, I want to choose my home c) No, because of factors related to my support needs (e.g. access, equipment, support) d) No, for another reason (please specify) If a) go to 4 If b), c) or d), go to 3
3	What stops you from living in a home that you would choose?	a) Lack of support b) Lack of affordable housing c) Lack of choice d) Other (please specify):
4	How safe or unsafe do you feel in your home?	a) Very safe b) Safe c) Neither safe nor unsafe d) Unsafe e) Very unsafe
5	Has your involvement with the NDIS helped you to choose a home that's right for you?	a) It's my first plan b) Yes c) No

Domain 5: Health and wellbeing

Question number	Question	Answer options
1	Overall, do you think that your health is excellent, very good, good, fair or poor?	a) Excellent b) Very good c) Good d) Fair e) Poor
2	Do you have a doctor that you see on a regular basis?	a) Yes b) No
3	Have you had difficulty in getting health services?	a) Yes, because of the attitudes and/or expertise of health professionals b) Yes, because of access issues c) Yes, because I don't have support d) Yes, because I don't have transport d) Yes, because I can't afford it e) No
4	How many times have you been to the hospital in the last 12 months?	a) 0 b) 1 c) 2 d) 3-5 e) 6+
6	Do you feel safe getting out and about in your community?	a) Yes b) No
7	Has your involvement with the NDIS improved your health and wellbeing?	a) It's my first plan b) Yes c) No

Domain 6: Lifelong learning

Question number	Question	Answer options
1	Do you get opportunities to learn new things?	a) Yes b) No but I would like to learn new things c) No and that's OK
2	Do you currently participate in education, training or skill development?	a) Yes b) No (go to 6)
3	Where do you do this?	a) Disability education facility b) TAFE c) Community college or school d) University e) Other (please specify):
4	Are you in a class for students with disability?	a) Yes b) No
5	Is it what you want?	a) Yes b) No
6	In the last 12 months, is there any course or training that you wanted to do but couldn't?	a) Yes, I lacked support b) Yes, course requirements prevented me from participating c) Yes, travel prevented me from getting there d) Yes, the cost of courses prevented me from participating e) Yes, there was no suitable course f) Yes, other (please specify) g) No
7	Has your involvement with the NDIS helped you to learn things you want to learn or to take courses you want to take?	a) It's my first plan b) Yes c) No

Domain 7: Work

Question number	Question	Answer options
1	Are you currently working in an unpaid job	a) Yes b) No
2	Are you currently working in a paid job?	a) Yes (go to 3) b) No, but I would like one (go to 5) c) No and I don't want one (go to 6)
3	What type of employment is it?	a) Open employment market with full award wages b) Open employment market at less than minimum wage, i.e. Supported Wage System

Question number	Question	Answer options
		c) Australian Disability Enterprise d) Australian Apprenticeship e) Self-employed f) Other (please specify)
4	Do you get the support you need to do your job?	a) Yes b) No <i>Go to 6</i>
5	Are you being assisted to get a job?	a) Yes b) No
6	Has your involvement with the NDIS helped you find a job that's right for you?	a) It's my first plan b) Yes c) No

Domain 8: Social, community and civic participation

Question number	Question	Answer options
1	Do you spend your free time doing activities that interest you?	a) Yes b) No
2	In the last 12 months, is there anything that you wanted to do but couldn't?	a) Yes, b) No
3	Are you currently a volunteer?	a) Yes b) No, but I would like to c) No, it doesn't interest me
4	Have you been actively involved in a community, cultural or religious group in the last 12 months?	a) Yes, a general community group b) Yes, a group for people with a disability c) No, but I would like to be d) No and I don't want to be
5	Do you know people in your community?	a) Yes b) No
6	How often do you feel you are able to have a say with the services that provide support for you?	a) All of the time b) Most of the time c) Some of the time d) A little of the time e) None of the time
7	Has the NDIS helped you be more involved?	a) It's my first plan b) Yes c) No

Thank you for completing the participant questions. Please tell us who completed the questionnaire. You may also provide a comment if you wish.

1. Are you a participant in the NDIS or are you taking this questionnaire on someone else's behalf?	<input type="checkbox"/> I am the participant (go to 3) <input type="checkbox"/> I am taking the survey on someone else's behalf
2. What is your relationship to the participant?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other family member <input type="checkbox"/> Carer <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify):
3. Any comments?	

National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Family Questions for child participants aged 0-14

DRAFT

Family Questions for child participants aged 0-15

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Family member/carer information

1. Please enter the participant's NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. What is your relationship to the participant?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):
3. Are you currently working in a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 7)
4. Is it permanent or casual?	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual
5. What is the industry of employment?	<i>Free text</i>
6. What are the typical hours per week worked (range)?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 hours to less than 30 hours <input type="checkbox"/> 30 or more hours
7. What is your annual income, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed
8. What is the annual income of your household, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999

	<input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed	
9. Please specify whether you currently receive any government benefits:		
	Yes	No
Carer payment	<input type="checkbox"/>	<input type="checkbox"/>
Carer allowance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<i>Free text</i>	
10. Are you currently studying?	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No	

Please answer the following questions about the family member/
 carer

DRAFT

Domain 1: Families know their rights and advocate effectively for their child with disability

Question Number	Statement/Question	Response options
1	I am able to identify the needs of my child and family	<input type="checkbox"/> Yes <input type="checkbox"/> I have some difficulty <input type="checkbox"/> I have a great deal of difficulty
2	I am able to access available services and supports to meet the needs of my child and family	<input type="checkbox"/> Yes <input type="checkbox"/> I have some difficulty <input type="checkbox"/> I have a great deal of difficulty
3	I am able to advocate (stand up) for my child: I am able to speak up if we have issues or problems with accessing supports	<input type="checkbox"/> Yes <input type="checkbox"/> I have some difficulty <input type="checkbox"/> I have a great deal of difficulty
4	What barrier to access and/or advocacy have you experienced? (<i>choose all that apply</i>)	<input type="checkbox"/> None <input type="checkbox"/> Limited access to information and resources <input type="checkbox"/> Lack of knowledge or understanding about my rights/the rights of my child <input type="checkbox"/> Time constraints (i.e. not enough time to look into or pursue) <input type="checkbox"/> Lack of support <input type="checkbox"/> Fear of potential consequences <input type="checkbox"/> Other
5	Has the NDIS improved your capacity to advocate (stand up) for your child?	<input type="checkbox"/> It's our first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 2: Families feel supported

Question Number	Statement/Question	Response options
1	I have friends and family that I see as often as I like	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I have people who I can ask for practical help as often as I need	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	I have people who I can ask for childcare as often as I need	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	I have people who I can talk to for emotional support as often as I need	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	I get the services and supports I need to care for my child with disability	<input type="checkbox"/> Yes <input type="checkbox"/> I would like more support <input type="checkbox"/> I would like different support

		<input type="checkbox"/> I would like support at different times
6	Has the NDIS improved the level of support for your family?	<input type="checkbox"/> It's our first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 3: Families are able to gain access to desired services, programs, and activities in their community

Question Number	Statement/Question	Response options
1	I am satisfied with the amount of say I had in the development of my child's NDIS plan	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> We are beginning our first plan
2	I am satisfied with the amount of say I had in the implementation of my child's NDIS plan	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No <input type="checkbox"/> We are beginning our first plan
3	Has the NDIS improved your access to services, programs and activities in the community?	<input type="checkbox"/> It's our first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 4: Families help their children develop and learn

Question Number	Statement/Question	Response options
1	I know what specialist services are needed to promote my child's learning and development	<input type="checkbox"/> Yes <input type="checkbox"/> To some degree <input type="checkbox"/> No
2	I know what my family can do to support my child's learning and development	<input type="checkbox"/> Yes <input type="checkbox"/> To some degree <input type="checkbox"/> No
3	I get enough support to feel confident in parenting my child	<input type="checkbox"/> Yes <input type="checkbox"/> To some degree <input type="checkbox"/> No
4	How confident do you feel in supporting your child's development?	<input type="checkbox"/> Very confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not very confident <input type="checkbox"/> Not at all confident
5	Has the NDIS improved your ability/capacity to help your child develop and learn?	<input type="checkbox"/> It's our first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Domain 5 Families enjoy health and wellbeing

Question Number	Statement/Question	Response options
1	In general, my health is	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
2	I/(my partner and I) am/are able to work as much as I/we want	<input type="checkbox"/> Yes (go to 4) <input type="checkbox"/> No, I would like to work more <input type="checkbox"/> No, my partner would like to work more <input type="checkbox"/> No, both my partner and I would like to work more
3	What are the barriers to working more? (Choose all that apply)	<input type="checkbox"/> Situation of child with disability <input type="checkbox"/> Availability of jobs <input type="checkbox"/> Available jobs do not have sufficient flexibility (e.g. of hours) <input type="checkbox"/> Other (please specify):
4	I/(my partner and I) am/are able to engage in social interactions and community life as much as I/we want	<input type="checkbox"/> Yes (go to 6) <input type="checkbox"/> No, I would like to engage more in social interactions and community life <input type="checkbox"/> No, my partner would like to engage more in social interactions and community life <input type="checkbox"/> No, both my partner and I would like to engage more in social interactions and community life
5	What are the barriers to engaging more in social interactions and community life? (Choose all that apply)	<input type="checkbox"/> Situation of child with disability <input type="checkbox"/> Limited social networks <input type="checkbox"/> Time constraints <input type="checkbox"/> Cost <input type="checkbox"/> Other (please specify):
6	Has the NDIS improved your health and wellbeing?	<input type="checkbox"/> It's our first plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for completing the family member/carer questions. If you have any further comments, please enter them below.

Any comments?	
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National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Family Questions for participants aged 15 to 24

DRAFT

Family Questions for participants aged 15 to 24

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Family member/carer information

1. Please enter the participant's NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. What is your relationship to the participant?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other family member <input type="checkbox"/> Carer <input type="checkbox"/> Other (please specify):
3. Are you currently working in a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 7)
4. Is it permanent or casual?	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual
5. What is the industry of employment?	<i>Free text</i>
6. What are the typical hours per week worked (range)?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 hours to less than 30 hours <input type="checkbox"/> 30 or more hours
7. What is your annual income, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+

	<input type="checkbox"/> Not disclosed	
8. What is the annual income of your household, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed	
9. Please specify whether you currently receive any government benefits:		
	Yes	No
Carer payment	<input type="checkbox"/>	<input type="checkbox"/>
Carer allowance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<i>Free text</i>	
10. Are you currently studying?	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No	

Please answer the following questions about the family member/
 carer

Domain 1: Families know their rights and advocate effectively for their family member with disability

Question Number	Statement/Question	Response options
1	I am able to identify the needs of my family member with disability and my family and know how to access available services and supports to meet those needs	a) Yes b) I have some difficulty c) I have a great deal of difficulty
2	I am able to advocate (stand up) for my family member: I am able to speak up if we have issues or problems with accessing supports	a) Yes b) I have some difficulty c) I have a great deal of difficulty
3	Has the NDIS helped you to know your rights and advocate effectively?	c) It's our first plan a) Yes b) No

Domain 2: Families have the support they need to care

Question Number	Statement/Question	Response options
1	I have friends and family that I see as often as I like	a) Yes b) No
2	I have people who I can ask for practical help as often as I need	a) Yes b) No
3	I have people who I can ask to support my family member with disability as often as I need	a) Yes b) No
4	I have people who I can ask for emotional support as often as I need	a) Yes b) No
5	I get the services and supports I need to care for my family member with disability	a) Yes b) I would like more support c) I would like different support d) I would like support at different times
6	Has the NDIS improved the level of support for your family?	a) It's our first plan b) Yes c) No

Domain 3: Families are able to gain access to desired services, programs, and activities in their community

Question Number	Statement/Question	Response options
1	I feel that the services my family member with disability and my family use listen to me	a) Yes b) Not very much c) Not at all
2	I feel in control in selecting services and supports that meet the needs of my family member with disability and my family	a) Yes b) I have some difficulty c) I have a great deal of difficulty
3	The services my family member with disability and my family receive meet our needs	a) Yes b) No
4	Has the NDIS helped you to access services, programs and activities in the community?	a) It's our first plan b) Yes c) No

Domain 4: Families help their young person become independent

Question Number	Statement/Question	Response options
1	I know what my family can do to enable my family member with disability to become as independent as possible	a) Yes b) I have some difficulty c) I have a great deal of difficulty
2	I enable/support my family member with disability to make more decisions in his/her life	a) Yes b) I have some difficulty c) I have a great deal of difficulty
3	I enable/support my family member with disability to interact and develop strong relationships with non-family members	a) Yes b) I have some difficulty c) I have a great deal of difficulty
4	Has the NDIS helped you to help your family member with disability to be more independent?	a) It's our first plan b) Yes c) No

Domain 5 Families enjoy health and wellbeing

Question number	Question/Statement	Answer options
1	In general, my health is	a) Excellent b) Very good c) Good d) Fair e) Poor
2	Family who provide informal care to my family member with disability are able to work as much as they want	a) Yes (go to 4) b) No, they would like to work more
3	The barriers to working more are	Choose one or more of: a) Situation of family member with disability b) Availability of jobs c) Available jobs do not have sufficient flexibility (e.g. of hours) d) Other (please specify)
4	Has the NDIS improved your health and wellbeing?	a) It's my first plan b) Yes c) No

Thank you for completing the family member/carer questions. If you have any further comments, please enter them below.

Any comments?	
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National Disability Insurance Scheme

Outcomes Framework

Short Form Questionnaires

Family Questions for participants aged 25 and over

DRAFT

Family Questions for participants aged 25 and over

Introduction

Thank you for participating in our survey. The purpose of these questions is to find out how NDIS participants and their families and carers are going in different areas of their lives. The questions are an important part of pre-planning, and will help us to develop a plan that provides the right supports. Because we ask the questions again at plan review, we will also be able to see what progress has been made, and whether any adjustments to plans are needed. Information from the questions will also be important for tracking the progress of the NDIS, and will help to improve the Scheme.

Family member/carer information

1. Please enter the participant's NDIS ID number	<i>Free text (check for valid number of characters?)</i>
2. What is your relationship to the participant?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other family member <input type="checkbox"/> Carer <input type="checkbox"/> Other (please specify):
3. Are you currently working in a paid job?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to 7)
4. Is it permanent or casual?	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual
5. What is the industry of employment?	<i>Free text</i>
6. What are the typical hours per week worked (range)?	<input type="checkbox"/> 0 hours <input type="checkbox"/> More than 0 but less than 8 hours <input type="checkbox"/> 8 hours to less than 15 hours <input type="checkbox"/> 15 hours to less than 30 hours <input type="checkbox"/> 30 or more hours
7. What is your annual income, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+

	<input type="checkbox"/> Not disclosed	
8. What is the annual income of your household, before tax and other deductions? Include all sources (e.g. wages, investments and Government pensions and benefits)	<input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$10,000-\$19,999 <input type="checkbox"/> \$20,000-\$29,999 <input type="checkbox"/> \$30,000-\$39,999 <input type="checkbox"/> \$40,000-\$59,999 <input type="checkbox"/> \$60,000-\$79,999 <input type="checkbox"/> \$80,000-\$99,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$200,000+ <input type="checkbox"/> Not disclosed	
9. Please specify whether you currently receive any government benefits:		
	Yes	No
Carer payment	<input type="checkbox"/>	<input type="checkbox"/>
Carer allowance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<i>Free text</i>	
10. Are you currently studying?	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No	

Please answer the following questions about the family member/
 carer

Domain 1: Families know their rights and advocate effectively for their family member with disability

Question Number	Statement/Question	Response options
1	I am able to identify the needs of my family member with disability and my family and know how to access available services and supports to meet those needs	a) Yes b) I have some difficulty c) I have a great deal of difficulty
2	I am able to advocate (stand up) for my family member: I am able to speak up if we have issues or problems with accessing supports	a) Yes b) I have some difficulty c) I have a great deal of difficulty
3	Has the NDIS helped you to know your rights and advocate effectively?	c) It's our first plan a) Yes b) No

Domain 2: Families have the support they need to care

Question Number	Statement/Question	Response options
1	I have friends and family that I see as often as I like	a) Yes b) No
2	I have people who I can ask for practical help as often as I need	a) Yes b) No
3	I have people who I can ask to support my family member with disability as often as I need	a) Yes b) No
4	I have people who I can ask for emotional support as often as I need	a) Yes b) No
5	I get the services and supports I need to care for my family member with disability	a) Yes b) I would like more support c) I would like different support d) I would like support at different times
6	Has the NDIS improved the level of support for your family?	a) It's our first plan b) Yes c) No

Domain 3: Families are able to gain access to desired services, programs, and activities in their community

Question Number	Statement/Question	Response options
1	I feel that the services my family member with disability and my family use listen to me	a) Yes b) Not very much c) Not at all
2	I feel in control in selecting services and supports that meet the needs of my family member with disability and my family	a) Yes b) I have some difficulty c) I have a great deal of difficulty
3	The services my family member with disability and my family receive meet our needs	a) Yes b) No
4	Has the NDIS helped you to access services, programs and activities in the community?	a) It's our first plan b) Yes c) No

Domain 4: Families have succession plans

Question Number	Statement/Question	Response options
1	Have you made plans for when you are no longer able to care for your family member with disability?	a) Yes b) I have begun c) No (go to 3)
2	Have you asked for assistance from any of the following?	Yes No
	Siblings of the person with disability	<input type="checkbox"/> <input type="checkbox"/>
	Your extended family	<input type="checkbox"/> <input type="checkbox"/>
	Your friends	<input type="checkbox"/> <input type="checkbox"/>
	The friends of your family member	<input type="checkbox"/> <input type="checkbox"/>
	Service providers	<input type="checkbox"/> <input type="checkbox"/>
	Professionals	<input type="checkbox"/> <input type="checkbox"/>
	Support workers	<input type="checkbox"/> <input type="checkbox"/>
	Other (please specify):	
3	Has the NDIS helped you with preparing for the future support of your family member?	a) It's our first plan b) Yes c) No

Domain 5 Families enjoy health and wellbeing

Question number	Question/Statement	Answer options
1	In general, my health is	a) Excellent b) Very good c) Good d) Fair e) Poor
2	I feel that my family member gets the support he/she needs	a) Strongly agree b) Agree c) Neutral d) Disagree e) Strongly disagree
3	Family who provide informal care to my family member with disability are able to work as much as they want	a) Yes (go to 5) b) No, they would like to work more
4	The barriers to working more are	Choose one or more of: a) Situation of family member with disability b) Availability of jobs c) Available jobs do not have sufficient flexibility (e.g. of hours) d) Other (please specify)
5	Has the NDIS improved your health and wellbeing?	a) It's my first plan b) Yes c) No

Thank you for completing the family member/carer questions. If you have any further comments, please enter them below.

Any comments?	
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