Survey Questions

In the **2 WEEK** period including Monday December 2nd to Sunday December 15th:

Question	Popup info	Response options
1. A) Did you experience any symptom(s) in the time period? (Eye or respiratory symptoms, headache, anxiety, feeling depressed)	Symptoms include: Eye irritation, Throat irritation/dry throat, Cough, Wheeze or whistling chest, Sneezing, Chest tightness/pain, Breathlessness, Headache, Anxiety, Feeling depressed, Other	o Yes o No o Don't know
Only shows if 'Yes' selected in 1A. B) Please indicate which symptom(s) by checking all that apply	N/A	o Eye irritation/watery eyes o Throat irritation/dry throat o Cough o Wheeze or whistling chest o Sneezing o Chest tightness/pain o Breathlessness o Headache o Anxiety o Feeling depressed o Other
Only shows if 'Yes' selected in 1A. C) Did you seek health advice from a doctor or a nurse because of any of these symptom(s)?	N/A	o No advice sought o Hospital inpatient o Emergency department o General practitioner o 24 hour health advice hotline o Other medical professional
Only shows if 'Yes' selected in 1A. D) Did you take any time off work or daily activities because of these symptom(s)?	N/A	o Yes o No o Don't know
Only shows if 'Yes' selected in 1A. E) Do you think that smoke from bushfires was the main reason for any of your symptom(s) in this time period?	If you have not been exposed to bushfire smoke please select 'No'	o Yes o No o Don't know
2. Have you ever been told by a doctor or nurse that you have any of the following conditions?	N/A	o Asthma o Chronic Obstructive Pulmonary Disease (COPD – including emphysema and chronic bronchitis) o Other respiratory disease (e.g. pleurisy, bronchiectasis, pulmonary fibrosis) o None of the above
3. Did you spend the majority of the time period in your postcode of residence?	Select 'Yes' unless you were traveling outside of your usual place of school, work or home for a majority of the time period	o Yes o No o Don't know