

Service User Form 2010–11

Service types 1.05–1.07, 2.06, 3.01, 3.03, 4.01–4.05 should complete all questions on this form for each service user who received a service within the reporting period. Service types 1.01–1.04, 1.08, 2.01–2.05 and 2.07 should complete all questions except 17e and 17f; service type 3.02 should fill out at least questions B, 1 and 2—Linkage key elements and items 17a–17b; and service types 5.01 and 5.02 should fill out all questions except 12b–c and 12e (some carer questions).

B. Service type outlet ID

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See Data Guide page 48

Please copy the Service type outlet ID from the related Service Type Outlet Form.

1. Record ID

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See Data Guide page 49

2. Statistical Linkage Key

2a. Letters of surname

1st	2nd	3rd	4th	5th	6th

See Data Guide pages 50–51

2b. Letters of given name

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See Data Guide pages 52–53

2c. Date of birth

d	d	m	m	y	y	y	y

If not known, estimate year, enter 01/01 for day and month and tick 2d.

2d. Is the service user's date of birth an **estimate**?

Yes ☐ 1

See Data Guide pages 54–55

2e. What is the service user's **sex**?

Male ☐ 1 Female ☐ 2

Service type 3.02 - Recreation/holiday program services, go to Question 17.

3. Is the service user of **Aboriginal** or **Torres Strait Islander** origin?

See Data Guide pages 56–57

Aboriginal but not Torres Strait Islander origin ☐ 1

Torres Strait Islander but not Aboriginal origin ☐ 2

Both Aboriginal and Torres Strait Islander origin ☐ 3

Neither Aboriginal nor Torres Strait Islander origin ☐ 4

Responses must not be based on the perceptions of anyone other than the person, or their advocate. The 'look' of a person has proven to be an unreliable way for another person to assess someone's Indigenous origin.

4. In which **country** was the service user **born**?

See Data Guide page 58

Australia ☐ 1101

Scotland ☐ 2105

England ☐ 2102

Greece ☐ 3207

New Zealand ☐ 1201

Germany ☐ 2304

Italy ☐ 3104

Philippines ☐ 5204

Viet Nam ☐ 5105

India ☐ 7103

If other country please specify _____

Where the country of birth is known but is not specified in the classification, please specify it in the space provided.

5. Does the service user require **interpreter services**?

See Data Guide page 59

Yes - for spoken language
other than English ☐ 1

Yes - for non-spoken
communication ☐ 2

No ☐ 3

6. What is the service user's most effective **method of communication**?

Spoken language (effective) ☐ 1

See Data Guide page 60

Sign language (effective) ☐ 2

Other effective non-spoken communication
- e.g. Canon Communicator, Compic ☐ 3

Little, or no effective communication ☐ 4

Child aged under 5 years (not applicable) ☐ 5

This item is considered 'not applicable' to young children. Hence children aged 0–4 years should **always** be coded as 'Child aged under 5 years'.

7. Does the service user usually **live alone** or **with others**?

See Data Guide page 61

Lives alone ☐ 1

'Usually' means 4 or more days per week on average.

Lives with family ☐ 2

Lives with others ☐ 3

The service user's living arrangements must relate to the same place described in residential setting (see question 9).

8. What is the **postcode** of the service user's usual residence?

See Data Guide page 63

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The service user's postcode must relate to their residential setting (see question 9).

9. What is the service user's usual **residential setting**?

See Data Guide pages
64-65

- Private residence ☐ 1
- Residence within an Aboriginal community ☐ 2
- Domestic-scale supported living facility ☐ 3
– e.g. group homes
- Supported accommodation facility ☐ 4
– e.g. hostels, supported residential services or facilities
- Boarding house/private hotel ☐ 5
- Independent living unit within a retirement village ☐ 6
- Residential aged care facility ☐ 7
– nursing home or aged care hostel
- Psychiatric/mental health community care facility ☐ 8
- Hospital ☐ 9
- Short term crisis, emergency or transitional accommodation ☐ 10
– e.g. night shelters, refugees, hostels for the homeless, halfway houses
- Public place/temporary shelter ☐ 11
- Other ☐ 12

The type of physical accommodation the person usually resides in ('usually' means 4 or more days per week on average).

10. What are the service user's **primary** and **other significant disability group(s)**?

a. Primary disability group

Tick 1 box only

<input type="checkbox"/> 1	Intellectual	<input type="checkbox"/>
<input type="checkbox"/> 2	Specific learning/ADD - other than Intellectual	<input type="checkbox"/>
<input type="checkbox"/> 3	Autism - including Asperger's Syndrome	<input type="checkbox"/>
<input type="checkbox"/> 4	Physical	<input type="checkbox"/>
<input type="checkbox"/> 5	Acquired brain injury	<input type="checkbox"/>
<input type="checkbox"/> 6	Neurological - including epilepsy & Alzheimer's Disease	<input type="checkbox"/>
<input type="checkbox"/> 7	Deafblind - dual sensory	<input type="checkbox"/>
<input type="checkbox"/> 8	Vision	<input type="checkbox"/>
<input type="checkbox"/> 9	Hearing	<input type="checkbox"/>
<input type="checkbox"/> 10	Speech	<input type="checkbox"/>
<input type="checkbox"/> 11	Psychiatric	<input type="checkbox"/>
<input type="checkbox"/> 12	Developmental Delay - only valid for a child aged 0–5 years	<input type="checkbox"/>

b. Other significant disability group(s)

Tick all other significant disabilities

Disability group(s) (other than that indicated as being 'primary') that also cause difficulty for the person.

See Data Guide pages
66–70

11. How often does the service user need personal **help** or

See Data Guide pages
71-74

supervision with **activities** or **participation** in the following life areas?

Please indicate the level of help or supervision required for each life area (rows a–i) by ticking only one level of help or supervision (columns 1–5).

The person can undertake activities or participate in this life area with this level of personal help or supervision (or would require this level of help or supervision if the person currently helping were not available)	1) Unable to do or always needs help/supervision in this life area	2) Sometimes needs help/supervision in this life area	3) Does not need help/supervision in this life area but uses aids or equipment	4) Does not need help/supervision in this life area and does not use aids or equipment	5) Not applicable
LIFE AREA					
a) Self-care e.g. washing oneself, dressing, eating, toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b) Mobility e.g. moving around the home and/or moving around away from home (including using public transport or driving a motor vehicle), getting in or out of bed or a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c) Communication e.g. making oneself understood, in own native language or preferred method of communication if applicable, and understanding others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
d) Interpersonal interactions and relationships e.g. actions and behaviours that an individual does to make and keep friends and relationships, behaving within accepted limits, coping with feelings and emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
NOTE: In the following questions ' not applicable ' is a valid response only if the person is 0–4 years old.					
e) Learning, applying knowledge and general tasks and demands e.g. understanding new ideas, remembering, problem solving, decision making, paying attention, undertaking single or multiple tasks, carrying out daily routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f) Education e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g) Community (civic) and economic life e.g. recreation and leisure, religion and spirituality, human rights, political life and citizenship, economic life such as handling money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NOTE: In the following questions ' not applicable ' is a valid response only if the person is 0–14 years old.					
h) Domestic life e.g. organising meals, cleaning, disposing of garbage, housekeeping, shopping, cooking, home maintenance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i) Working e.g. actions, behaviours and tasks to obtain and retain paid employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. Carer arrangements (informal)

See Data Guide page 75-76

The following questions are asking about the presence of an **informal carer** who provides support to the service user (i.e. these questions are **not about paid carers**)

12a. Does the service user have an **informal carer**, such as a family member, friend or neighbour, **who provides care and assistance** on a regular and sustained basis?

Yes ☐ 1

>Go to 12b

No ☐ 2

>Go to 13

'Regular' and 'sustained' in this instance means that care or assistance has been ongoing, or likely to be ongoing for at least six months.

12b. Does the carer assist the service user in the area(s) of **self-care, mobility or communication**?

Yes ☐ 1

No ☐ 2

Questions 12b–e relate to the informal carer identified in 12a

See Data Guide page 77

12c. Does the carer live in the **same household** as the service user?

Yes, Co-resident carer ☐ 1

No, Non-resident carer ☐ 2

See Data Guide page 78

12d. What **relationship** is the carer to the service user?

See Data Guide page 79-80

Wife/female partner ☐ 1

Daughter-in-law ☐ 7

Husband/male partner ☐ 2

Son-in-law ☐ 8

Mother ☐ 3

Other female relative ☐ 9

Father ☐ 4

Other male relative ☐ 10

Daughter ☐ 5

Friend/neighbour – female ☐ 11

Son ☐ 6

Friend/neighbour – male ☐ 12

When answering this question complete the sentence **The carer is the service user's...**

This question relates to the informal carer identified in 12a

12e. What is the **age group** of the **carer**?

See Data Guide page 81

Less than 15 years ☐ 1

45–64 years ☐ 4

15–24 years ☐ 2

65 years and over ☐ 5

25–44 years ☐ 3

When asking the service user about the age of their carer it is considered more appropriate to ask about broad age groups rather than actual age.

Only complete question 13 if the service user is aged under 16 years.

13. If aged under 16 years: do the service user's parents or guardians receive the **Carer Allowance (Child)**?

See Data Guide page 82

Yes ☐ ₁ No ☐ ₂ Not known ☐ ₃

This question is not asking about Carer Payment even though some parents of children aged less than 16 years receive it in addition to Carer Allowance (Child).

Only complete question 14 if the service user is aged 15 years or more.

14. If aged 15 years or more:

See Data Guide page 83-84

What is the service user's **labour force status**?

Employed ☐ ₁ Unemployed ☐ ₂ Not in the labour force ☐ ₃

Only complete question 15 if the service user is aged 16 years or more.

15. If aged 16 years or more:

See Data Guide page 85

What is the service user's **main source of income**?

Disability Support Pension ☐ ₁ Other income ☐ ₅
Other pension or benefit ☐ ₂ Nil income ☐ ₆
Paid employment ☐ ₃ Not known ☐ ₇
Compensation payments ☐ ₄

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

Continue questions for service users of all ages.

16. Is the service user currently receiving individualised funding under the NDA?

Yes ☐ ₁ No ☐ ₂ Not known ☐ ₃

See Data Guide page 86-87

17. Services received 2010–11

For service types 1.05–1.07, 2.06, 3.01, 3.03 and 4.01–4.05 complete all sections (a) to (f). For all remaining service types (except 6.01–6.05 and 7.01–7.04), please complete sections (a) to (d) only. For service type 3.02, complete items (a) and (b).

Responses to the remaining questions must relate to the service type outlet ID indicated in data item B of the Service User Form.

Note: if the service user received more than 1 service type from your agency you will need to complete a separate Service User Form (see Data Guide pages 16–17).

17a. When did the service user commence using this service type?

d	d	m	m	y	y	y	y

See Data Guide page 89-90

A service is a support activity delivered to a person, in accordance with the NDA. Services within the scope of the collection are those for which funding has been provided, during the specified period, by a government organisation operating under the NDA.

17b. When did the service user last receive this service type?

d	d	m	m	y	y	y	y

See Data Guide page 91

If the service user is still with the service leave 17c and 17d blank and **>Go to question 17e**

17c. When did the service user leave this service type outlet?

See Data Guide page 92

d	d	m	m	y	y	y	y

A service user is considered to leave a service when either:

1. the service user ends the support relationship with the service outlet; or
2. the service outlet ends the support relationship with the service user.

**Only answer this item if item 17c has been coded
(i.e. the service user is no longer receiving the service).**

17d. What **reason** did the service user report for **leaving** this service type outlet?

Service user no longer needs assistance from ☐ 1
service type outlet – moved to mainstream services

See Data Guide page 93-94

Service user no longer needs assistance from ☐ 2
service type outlet – other

Service user moved to residential, institutional ☐ 3
or supported accommodation setting

Service user's needs have increased ☐ 4
– other service type required

Services terminated due to budget/staffing constraints ☐ 5

Services terminated due to Occupational Health ☐ 6
and Safety reasons

Service user moved out of area ☐ 7

Service user died ☐ 8

Service user terminated service ☐ 9

Other ☐ 10

**Questions 17e and 17f only need to be completed by service types 1.05–1.07, 2.06, 3.01, 3.03
and 4.01–4.05.**

Hours received – please indicate the **number of hours**
of support received by the service user for this NDA
service type:

*The amount of NDA-funded support
received by a person for this NDA
service type during the reporting
period.*

17e. In the **7-day reference week**
preceding the end of the
reporting period.

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See Data Guide page 95-96

17f. In a **typical (or average)** ☐ **7-day week.**

See Data Guide page 97-98

ACT-specific items

Question 1 only needs to be completed if the service user commenced this service type in

1. How important were the following factors in the service user commencing this service type?
Decreases in the availability of their informal care?

Major Factor ☐ 1 Minor Factor ☐ 2 Not a Factor ☐ 3 Unknown ☐ 4

See Additional ACT
Questions Data Guide
pages 4 & 5

Sudden occurrence of a major injury?

Major Factor ☐ 1 Minor Factor ☐ 2 Not a Factor ☐ 3 Unknown ☐ 4

See Additional ACT
Questions Data Guide
pages 4 & 5

Please complete items 2-5 for all service users.

2. Has this service user/carer requested more support for **this service type** than they are

Yes ☐ 1 No ☐ 2 Not known ☐ 3

See Additional ACT
Questions Data Guide
page 6

3. How many additional hours per week, if any, has the service user/carer requested but is not
Number of Hours 0 - 168

Hours should be rounded up to the nearest
whole number (where less than one hour is

4. Has this service user/carer requested any **other service types** that they are currently not

Yes ☐ 1 No ☐ 2 Not known ☐ 3

See Additional ACT
Questions Data Guide
page 8

5. If so, which service type(s) (please tick)? And how many additional hours per week?

1) Accommodation support	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Number of Hours 0 - 168
2) Community support	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Number of Hours 0 - 168
3) Community access	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Number of Hours 0 - 168
4) Respite	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Number of Hours 0 - 168

Hours should be
rounded up to the
nearest whole
number (where less
than one hour is
estimated, please
use the code '900')

Thank you for your time and effort.