

Appendix 4: CSDA MDS 1999 collection forms

6. What is the MAIN LANGUAGE SPOKEN in your (the consumer's) HOME?

Please tick one box only.

See Data Guide page 22

English	<input type="checkbox"/> 01	Arabic/Lebanese	<input type="checkbox"/> 06	<i>If you live in disability-specific accommodation, eg. group home, hostel, institution, please give the main language spoken in your prior 'family' home.</i>	
Italian	<input type="checkbox"/> 02	German	<input type="checkbox"/> 07		
Greek	<input type="checkbox"/> 03	Spanish	<input type="checkbox"/> 08		
Vietnamese	<input type="checkbox"/> 04	Other language	<input type="checkbox"/> 09	 Please specify
Chinese	<input type="checkbox"/> 05	Not known	<input type="checkbox"/> 10		
—all dialects					

7. What is your (the consumer's) PRIMARY DISABILITY GROUP?

Please tick one box only—the group which has the most effect on your everyday life. See Data Guide page 23

Developmental delay —only for a child aged under 6	<input type="checkbox"/> 01	Deafblind —dual sensory	<input type="checkbox"/> 07
Intellectual	<input type="checkbox"/> 02	Vision	<input type="checkbox"/> 08
Specific learning/ADD	<input type="checkbox"/> 03	Hearing	<input type="checkbox"/> 09
Autism including Asperger's syndrome	<input type="checkbox"/> 04	Speech	<input type="checkbox"/> 10
Physical	<input type="checkbox"/> 05	Psychiatric	<input type="checkbox"/> 11
Acquired brain injury	<input type="checkbox"/> 06	Neurological	<input type="checkbox"/> 12

If you had difficulty choosing the group for Primary Disability Group, please also write your (the consumer's) condition(s) here

8. Do you (the consumer) have any OTHER SIGNIFICANT DISABILITY GROUPS?

See Data Guide page 25

Yes 1

No 2

Not known 3

If you have ticked 'No' or 'Not known', please go straight to Question 10.

9. Please tick all OTHER applicable SIGNIFICANT DISABILITY GROUPS

—other than the disability group ticked in Question 7.

See Data Guide page 26

Developmental delay —only for a child aged under 6	<input type="checkbox"/> 01	Deafblind —dual sensory	<input type="checkbox"/> 07
Intellectual	<input type="checkbox"/> 02	Vision	<input type="checkbox"/> 08
Specific learning/ADD	<input type="checkbox"/> 03	Hearing	<input type="checkbox"/> 09
Autism including Asperger's syndrome	<input type="checkbox"/> 04	Speech	<input type="checkbox"/> 10
Physical	<input type="checkbox"/> 05	Psychiatric	<input type="checkbox"/> 11
Acquired brain injury	<input type="checkbox"/> 06	Neurological	<input type="checkbox"/> 12

10. How often do you (the consumer) have a NEED FOR SUPPORT OR ASSISTANCE with the following areas a–j?

The need should be due to disability groups ticked in Questions 7 and 9. Please tick one box only for each of the following areas a–j. See Data Guide page 27

Please note:

- Only use 'not applicable' where the need for help is due to the person's age, for example, with 'home living', for a child or young person who would need assistance even if they had no disability, or with 'working', for younger or older people for whom employment is either not yet or no longer a consideration even if they had no disability.
- A need for support or assistance may, or may not, be related to the service being received.
- Answer for all areas, though some may appear less appropriate for an individual person than other areas. They are intended to cover people with any disability group(s) receiving any service type(s).

I (the consumer) can undertake activities or participate with ... in each of the areas of... →	No support	Occasional support	Frequent support	Continual support or cannot do at all	This area is Not applicable due to my age.	Not known
	1	2	3	4	5	6
a. Self-care eg. bathing, dressing, eating, toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mobility around the home or away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication ability to make self understood and to understand others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Home living eg. housekeeping, cooking, handling money, budgeting, home maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social skills eg. making and keeping friends/relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Self-direction eg. thinking through problems, making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Managing emotions eg. behave within accepted limits, coping with feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learning eg. understanding new ideas, formal education, remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Working obtaining and retaining paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other day activity eg. leisure, recreation, alternatives to paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 11 varies according to your (the consumer's) age. Please answer only Question 11a if you (the consumer) are less than 16 years. Please answer only Question 11b if you (the consumer) are 16 years or more.

See Data Guide page 30

11a. Does the consumer's parents or guardian receive the CHILD DISABILITY ALLOWANCE? Please answer only if you (the consumer) are aged less than 16 years.

- Yes 01
- No 02
- Not known 03

11b. What is your (the consumer's) MAIN SOURCE OF INCOME? Please answer only if you (the consumer) are aged 16 years or more. Please do not consider the income of your partner or of any household member, when ticking for your answer.

- | | |
|--|--|
| Disability Support Pension <input type="checkbox"/> 04 | Other income <input type="checkbox"/> 08 |
| Other pension or benefit <input type="checkbox"/> 05 | No income <input type="checkbox"/> 09 |
| Paid employment <input type="checkbox"/> 06 | Not known <input type="checkbox"/> 10 |
| Compensation payments <input type="checkbox"/> 07 | |

12. What is your (the consumer's) usual LIVING ARRANGEMENT/ACCOMMODATION TYPE? 'Usual' means 4 or more days a week. Tick the box which best describes your (the consumer's) usual situation?

See Data Guide page 31

Community accommodation

- Lives alone 1
- Lives with family member(s) and/or spouse including foster care 2
- Special purpose (disability) community accommodation including a group home, a hostel of less than 20 persons, etc. 3
- Other community including sharing with friends, boarding, living in a non-disability hostel, etc. 4
Please describe

Institutional accommodation

- Nursing home 5
- Hospital 6
- Other institutional accommodation such as a large hostel, etc. 7
Please describe
- No usual residence 8
- Not known 9

Thank you for your time and effort

CSDA MDS Service Form 1999

Commonwealth/State Disability Agreement Minimum Data Set collections

Please correct any errors in the name and address above.

OFFICE USE ONLY

A ID No.	<input type="text"/>
B State	<input type="text"/>
C SLA	<input type="text"/>
D Postcode	<input type="text"/>
E Service type	<input type="text"/>
F Auspicing organisation	<input type="text"/>
G Total CSDA funds 1998/99 financial year	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
H Capital grants over \$200,000 in 1998/99	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>

For service outlet

For funded service type

A separate Service Form should be filled in for each CSDA funded disability outlet and for each service type provided at each outlet. Your CSDA funding department should have filled in the boxes above before your agency received it. Please check these boxes, using the 'Data Guide' initially for any queries you may have.

Confidentiality

Completed forms remain confidential to the funding department. Confidentialised data is passed to the Australian Institute of Health and Welfare (AIHW). Details of individual services or consumers will not be released.

Help available

A 'Data Guide' should be enclosed with this Service Form. It provides guidance about filling in the forms—especially about definitions. Please use the 'Data Guide' initially for any queries you may have.

If you need any further explanation, or have any further problems in completing the forms, please contact:

_____ on: () _____

Snapshot date

Information on these forms should be correct as at **Wednesday 26th May 1999**. They need not be completed on that day. Please also see overleaf.

Due date

Please complete this form and return it, together with completed Consumer Forms in the reply paid envelope provided, by:

_____ **1999**

Please name a person in your organisation who is involved in completing the forms and can be contacted about any queries. (Please print.)

Mr
Mrs
Miss
Ms
Dr

Given name

Surname

Title or position

Signature

Telephone number

Facsimile number

Before you start...

Your CSDA funding department should have filled in the boxes on the top of page 1 before your agency received it. **Please check these boxes**, using the 'Data Guide' initially for any queries you may have, particularly the Service type (Item E) and the Total CSDA funds for the 1998/99 financial year (Item G).

Please check that your service will be open on May 26th 1999. If it is not, then another day, when the service is open, should be given on the Form(s) and notified to relevant staff. The alternative day should still be within the week around the 'snapshot' day. The consumer numbers on that day should be similar to those on an average operating day (see Question 6a).

Please read the 'Data Guide' information about 'Consumer information and rights'.

Please read the 'Data Guide' definitions for each question. The 'Data Guide' definitions aim to minimise inconsistency between agencies in the answers given, and maximise the accuracy and usefulness of the collections.

If in any doubt, **please ring the 'Help available' person** named on the Service Form.

Please answer all questions, unless instructed otherwise. A high total number of answers for each question will maximise the usefulness of the question within the collections.

What should I write in the boxes?

Write only a numeral, a tick or a dash in each of the boxes to indicate your answer. Instructions are given beside many questions to assist you with which to use.

Some instructions given beside the boxes are preceded by an arrow. Please take particular care with these, in order to minimise later queries from the CSDA funding department.

Most questions ask for numbers as a response—write only one numeral in each box, with all numbers finishing in the right hand box, eg.

2	4		
---	---	--	--

wrong

		2	4
--	--	---	---

right

If your answer is 'none' or 'nil', place a 'dash' in the right hand box, eg.

- direct support

			0
--	--	--	---

wrong

			-
--	--	--	---

right

How many Consumer Forms should I have?

A Consumer Form should be completed for each person receiving a CSDA funded service on the 'snapshot' day.

On each Consumer Form there are boxes in the top right hand corner of the front page, requesting entry of a 'Form number'. For your first completed Consumer Form, this number should be '0001'. The number should increase by one thereafter for each completed Consumer Form.

The 'Form number' on the last completed Consumer Form should correspond to the number given on the Service Form under the first part of Question 6. (If you are completing Consumer Forms for several service outlets and/or service types, then the final consumer 'Form number' should be the sum of those answers given on the Service Forms under the first part of Question 6.) **If it isn't, please ring the 'Help available' person** named on the Service Form who will know how to resolve the problem.

Please keep a record of the 'Form number' assigned to each consumer's form, to make it easier to handle any later queries from the CSDA funding department. 'Edit checks' are performed on the information from the forms by CSDA funding departments, and may show some possible inconsistencies for later checking over the telephone.

Please ensure that each completed Consumer Form has your 'Service ID' number entered in the boxes in the top right hand corner of the front page. This 'Service ID' number allows the information on each Consumer Form to be associated with the information on the relevant Service Form having the same 'ID No.'.

How many Service Forms should I have?

A separate Service Form should be filled in for each CSDA funded disability outlet and for each service type provided at each outlet. *Please see the 'Data Guide'.* You should have received a form for each of these from your CSDA funding department. **If you are unsure about this, please ring the 'Help available' person** named on the Service Form.

1. STAFF HOURS. What were the total hours worked by staff and volunteers working in this service during the 7 day week ending on May 26th 1999? *See Data Guide page 13*

Paid staff — direct support a

— indirect support b

Contract staff — direct support c

— indirect support d

Unpaid staff — direct support e

— indirect support f

Please enter a dash (-) in the right hand box for any category where the value is 'nil'.

See Data Guide for definitions – please enter hours, not full time equivalent and please ensure these hours are actual hours worked, not rostered hours.

2. Has this service operated for the FULL 1998–99 FINANCIAL YEAR to date? *See Data Guide page 14*

Yes 1

No 2

Not known 3

3. How many HOURS A DAY does this service usually operate? *See Data Guide page 14*

— No regular daily pattern of operation (tick box 99)
eg. flexible hours, on call, 24 hour sleepover. Please do not provide the number of hours per week.

hours

99

4. How many DAYS A WEEK does this service usually operate? *See Data Guide page 14*

— No regular pattern of operation through a week (tick box 9)
eg. school holiday programs

days

9

5. How many WEEKS A YEAR does this service usually operate? *See Data Guide page 15*

— No regular pattern of operation through a year (tick box 99)

weeks

99