Appendix 2: CSTDA NMDS 2004–05 collection forms

The following CSTDA NMDS 2004–05 collection forms were used by service type outlets that did not collect data electronically.

CSTDA*NMDS*

Commonwealth-State/Territory Disability Agreement
National Minimum Data Set Collection

Service User Form
2004–2005

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 17f and 17g; service type 3.02 should fill out questions B, 1 and 2—Linkage key elements only; and service types 5.01–5.03 should fill out all questions except 12b–c and 12e (some carer questions).

B. Service type outlet ID

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

1. Record ID

2. Statistical Linkage Key

2a. Letters of **surname**

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

2b. Letters of **given name**

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

2e. What is the service user's **sex**?   Male ☐ 1   Female ☐ 2

Service type 3.02 - Recreation/holiday program services, please stop here.

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

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**?

Australia ☐ 1101		Scotland ☐ 2105	
England ☐ 2102		Greece ☐ 3207	
New Zealand ☐ 1201		Germany ☐ 2304	
Italy ☐ 3104		Philippines ☐ 5204	
Viet Nam ☐ 5105		Netherlands ☐ 2308	

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.

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

Yes - for spoken language other than English ☐ 1   Yes - for non-spoken communication ☐ 2   No ☐ 3

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

Spoken language (effective) ☐ 1

Sign language (effective) ☐ 2

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

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 be coded as 'Child aged under 5 years'.

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

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).

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

☐☐☐☐

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

9. What is the service users usual **residential setting**?

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, refuges, 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 four or more days per week on average).

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

a. Primary disability group | **b. Other significant disability group(s)**

Tick 1 box only | *Tick all other significant disabilities*

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

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

11. How often does the service user need personal **help** or **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	☐ 1	☐ 2	☐ 3	☐ 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	☐ 1	☐ 2	☐ 3	☐ 4	■
c) Communication e.g. making self understood, in own native language or preferred method of communication if applicable, and understanding others	☐ 1	☐ 2	☐ 3	☐ 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	☐ 1	☐ 2	☐ 3	☐ 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) Education e.g. the actions, behaviours and tasks an individual performs at school, college, or any educational setting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i) Working e.g. actions, behaviours and tasks to obtain and retain paid employment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

12. Carer arrangements (informal)

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*

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

Yes ☐ 1 No ☐ 2

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

Yes, Co-resident carer ☐ 1 No, Non-resident carer ☐ 2

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

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	

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

Less than 15 years ☐ 1 45 - 64 years ☐ 4

15 - 24 years ☐ 2 65 years and over ☐ 5

25 - 44 years ☐ 3

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

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).

Yes ☐ 1   No ☐ 2   Not known ☐ 3

14. If aged 15 years or more:

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

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

15. If aged 16 years or more:

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.

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

Yes ☐ 1   No ☐ 2   Not known ☐ 3

17. Services received 2004–2005

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 14–15).

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

d	d	m	m	y	y	y	y

See Data Guide page 79

A service is a support activity delivered to a person, in accord with the CSTDA. 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 CSTDA.

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

d	d	m	m	y	y	y	y

See Data Guide page 80

17c. Did the service user receive this service type **on the snapshot day?**

Yes ☐ 1   No ☐ 2

The snapshot day refers to a single day during the annual reporting period.

See Data Guide page 81

17d. When did the service user **leave** this service type?

See Data Guide page 82

d	d	m	m	y	y	y	y

If the service user is still with the service leave blank and
>Go to question 17f

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

1. *the service user ends the support relationship with the service outlet;*
2. *the service outlet ends the support relationship with the service user; or*
3. *twelve months have elapsed since the service user last received support.*

17e. What **reason** did the service user report for **leaving** this service?

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

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

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

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

Services terminated due to budget/staffing constraints ☐ 5

Services terminated due to Occupational Health
and Safety reasons ☐ 6

Service user moved out of area ☐ 7

Service user died ☐ 8

Service user terminated service ☐ 9

Other ☐ 10

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

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

17f. In the **7-day reference week preceding the end of the reporting period?** ☐☐☐☐

17g. In a **typical 7-day week?** ☐☐☐☐

Thank you for your time and effort.

CSTDA*NMDS*

Commonwealth-State/Territory Disability Agreement
National Minimum Data Set Collection

Name and Address (please correct any errors)

——— *Service type outlet form 2004–2005* ———

A separate Service type outlet form should be filled in for each CSTDA-funded service type outlet (i.e. for each CSTDA-funded service type provided at or from a given location). Your CSTDA funding department should have filled in items A–G before your agency received this form. Please check the responses using the Data Guide—pages 16–30, initially for any queries you may have.

A. Funded agency ID

B. Service type outlet ID   C. Service type [ ].[ ]

D. Service type outlet postcode   E. Service type outlet SLA

F. Funding jurisdiction   G. Agency sector

Service type outlet name: _____

Funded service type: _____

Please verify the information provided above.

Please name a person in your service type outlet/funded agency who is involved in completing the forms and can be contacted about any queries. Please print.

Contact Name _____

Title or position _____   Email _____

Phone number   Fax number

Please turn over >

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1. Has this service type outlet operated for the **full 2004–05 financial year?**

Yes ☐ 1   No ☐ 2

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2. How many **weeks per year** does this service type outlet usually operate?

'No regular pattern of operation through a year' includes seasonal services such as Christmas holiday programs.

☐☐ or

No regular pattern ☐ 90

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3. How many **days per week** does this service type outlet usually operate?

'No regular pattern of operation through a week' includes school holiday programs.

☐ or

No regular pattern ☐ 90

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4. How many **hours per day** does this service type outlet usually operate?

'No regular daily pattern of operation' includes flexible hours, on call, 24 hour sleepover etc. Please do not provide the number of hours per week.

☐☐ or

No regular pattern ☐ 90

Staff hours: What were the **total hours** worked by staff (including those worked by contracted staff) and volunteers working on behalf of this service type outlet:

	Paid staff – paid hours worked by staff including contracted staff.	**Unpaid staff** – unpaid hours worked by staff and volunteers.
5. In the **7-day reference preceding the end of the reporting period?**	a) ☐☐☐☐☐	b) ☐☐☐☐☐

6. In a **typical 7-day week?**	a) ☐☐☐☐☐	b) ☐☐☐☐☐

Please enter a dash (–) in the right hand box for any category where the value is 'nil'. Please round hours up to the nearest whole hour.

If the service type of this service outlet is 'Other support' (7.01–7.04) please do not complete question 7 and do not fill out any Service user forms.

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7. How many service users received this service type from this service type outlet **during the reporting period?**

☐☐☐☐☐

*Please **do not** provide numbers of 'beds' or 'places' or 'instances of service'.*

Thank you for your time and effort.