



Health and Wellbeing:

A national survey of the
commercial fishing industry

from
Deakin University
2017

ALL SURVEYS ARE CONFIDENTIAL

You are invited to participate in a study being conducted by Deakin University. We would like to know about the health and wellbeing of those in the commercial fishing industry, and about factors that may contribute to stress and poor mental health. We are particularly interested in how your reported health and wellbeing compares to that of other Australians (particularly farmers), and fishers from overseas.

This survey is part of a wider project about fisher health, wellbeing and safety. Deakin researchers are working with Victoria's Western District Health Service, the University of Tasmania, and Exeter University (Cornwall, UK). The project is funded by the Fisheries Research Development Corporation (FRDC) (project 2016-400). The FRDC are not involved in the research design or analysis, and funding is not dependent on the research outcomes.

We will use the results to provide policy advice to government, industry stakeholders and health providers, as well as to write academic papers and communicate more widely through the media about the health and wellbeing status of Australian commercial fishers. No information on any **individual** will be reported in a way that would allow them to be identified. Only aggregate (or group) data will be reported. Any comments you choose to add will be made anonymous.

You have been invited to participate because you are associated with an industry peak body. Your peak body is voluntarily helping us with our research by affixing your address to the sealed and pre-paid envelopes we have provided, containing this survey and a reply-paid envelope. Nationally, we are inviting nearly 4,000 people involved in the fishing industry to participate in the survey, including concession/licence owners, lease-dependent skippers, deckhands and owner-operators.

In order to assure the confidentiality of your responses, Deakin researchers will **never** have access to the list (ie. names and addresses) of those invited to participate in the study, and peak bodies will **never** have access to completed surveys, which will be posted directly to Deakin.

If you do not wish to participate in this survey, please do nothing, and ignore the one reminder letter we will send you. Completed surveys will be kept securely at Deakin University for at least six years, then destroyed.

Your consent to participate in this project is implied by your completion and return of the survey. Please note that withdrawal from this project will not be possible, because once completed, we have no way of knowing the identity of people who completed the survey.

This survey is thirteen pages long and will take **approximately twenty minutes** of your time to complete.

If you have any questions about the content of this survey, or would like to know more about the research, please contact the project Chief Investigator, Dr Tanya King, on 0427889917 (EST) or tanya.king@deakin.edu.au

Online version of survey

You can choose to do an online version of this survey, if you prefer. Both surveys are exactly the same.

Please only complete ONE survey – either paper OR online.

Please pass this link on to anyone you think may be relevant, such as your deckhand/s or business partner/s. The more responses we get the more useful the data.

<https://www.surveymonkey.com/r/fisherhealth>

Remember, please complete only ONE copy of this survey per person

Complaints

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Manager, Ethics and Biosafety, Deakin University, 221 Burwood Highway, Burwood Victoria 3125, Telephone: 9251 7129, research-ethics@deakin.edu.au

Please quote project number [2016-367].

WHERE TO SEND YOUR COMPLETED SURVEY

- When you have completed this survey, please post it back in the enclosed reply-paid envelope provided. No stamp is required.
- If you have misplaced the envelope, the survey can be returned to:
Tanya King, SHSS, Locked Bag 20,000, Geelong, Vic, 3220.
Alternatively, you could complete the survey online (see above).

THANK YOU VERY MUCH FOR FILLING OUT THE SURVEY! WE ARE CONFIDENT THAT OUR FINDINGS WILL HELP BRING ATTENTION TO THE HEALTH AND WELLBEING OF THE COMMERCIAL FISHING INDUSTRY.

If you think you might benefit from talking to someone about any health and wellbeing challenges you are facing, please contact the following organisations:

Lifeline	13 11 14
Beyond Blue	1300 22 4636
Suicide	1300 659 467
Kids Help Line	1800 55 1800

1. YOUR PERSONAL HEALTH AND WELLBEING STATUS

These questions are designed to assess your general health and wellbeing, and will be used for comparison with other jurisdictions, etc. This section relates to your personal experience. Your individual results will not be made available, only aggregate (or group) results.

Q1. How would you rate your general health?

- Excellent
- Very good
- Good
- Fair
- Poor

Q2. How much bodily pain have you had during the past four weeks?

- None
- Very mild
- Moderate
- Severe
- Very severe

Q3. When was your last general check-up? _____

Q4. When did you last go to the dentist? _____

Q5. Who usually makes **your** appointments to see the doctor or other health professionals?

- I do
- My spouse or partner
- Someone else

(Who?) _____

Q6. How much did your health interfere with your normal activities (outside and/or inside the home) during the past **four** weeks?

- Not at all
- Slightly
- Moderately
- Quite a bit

Q7. In the past **12 months**, around how many days **that you could have worked** did you stay home because of a personal health or wellbeing concern? *Include major injuries, as well as any days that you felt too low or despondent to go to work.*

Q8. In the past **12 months**, around how many days **that you could have worked** did you stay home because one or more of the people you work with (e.g. deckhand, skipper, diver), could not work because of a health or wellbeing concern?

Q9. During the past **12 months**, have you experienced any of the following symptoms? *Please tick all that apply.*

Back pain	<input type="checkbox"/>	Poor eyesight	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	Problems with hearing	<input type="checkbox"/>
Infection in cut or abrasion	<input type="checkbox"/>	Toothache or sore gums	<input type="checkbox"/>
Indigestion or heartburn	<input type="checkbox"/>	Stomach problems	<input type="checkbox"/>
Chest infection	<input type="checkbox"/>	Persistent cough that doesn't clear up	<input type="checkbox"/>
Asthma (since childhood)	<input type="checkbox"/>	Asthma (adult onset)	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	Migraines and/or frequent headaches	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	Skin rash or allergy	<input type="checkbox"/>
Sunburn (red skin)	<input type="checkbox"/>	Sunburn (so bad your skin blisters and/or peels)	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	Panic attacks	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Trouble sleeping	<input type="checkbox"/>
Trouble with memory	<input type="checkbox"/>	Trouble concentrating	<input type="checkbox"/>
Blood in urine	<input type="checkbox"/>	Blood in poo	<input type="checkbox"/>
Haemorrhoids (piles)	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>

Q10. Have you ever been diagnosed with any of the following conditions/illnesses? *Please tick all that apply.*

High blood sugar/Diabetes	<input type="checkbox"/>	Irregular pulse	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	High cholesterol	<input type="checkbox"/>
Kidney problems	<input type="checkbox"/>	Asthma (excl. childhood asthma)	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	Chest infection	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Eye infection	<input type="checkbox"/>
TIA (mini-stroke)	<input type="checkbox"/>	Ear infection	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
ADD or ADHD	<input type="checkbox"/>	Gout	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>

Q11. The following question relates to how you feel about your local community. Do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
“I feel welcome here”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“I feel part of my community”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“We are all ‘in it together’ in my community”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“I feel like an outsider here”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12. In the last **four** weeks, how often have you felt:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Tired out for no good reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So nervous nothing could calm you down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless or fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So restless you could not sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That everything was an effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
So sad that nothing could cheer you up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. YOUR PERSONAL HEALTH AND WELLBEING BEHAVIOURS

Q13. **How often** you engage in the following personal behaviours, from **never**, to **every day**:

	Never	Rarely	Some of the time	Usually	Every day
I wear a lifejacket or PFD when I'm out at sea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear an EPIRB when at sea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink alcohol until I am at least a little drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink four or more cups of coffee per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wear sun protection (sunscreen, wide-brimmed hat, sunglasses) when I'm outside for long periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise for 30 minutes per day (activity that makes you breathe faster and feel warmer).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat fresh or lightly cooked vegetables (excluding potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do something to help me relax for 30 minutes (e.g. meditate, stroll).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. This question asks about the health and wellbeing policies on the boat you work on, or which is attached to your main fishing concession. *Please tick all that apply.* My boat:

- Is designated 'alcohol free'
- Is designated 'smoke free'
- Has a drug and alcohol policy (e.g. 'zero tolerance'; 'must not interfere with work')
- Has a sun-shade
- Requires* employees to wear sun protection
- Has a 'no-bullying' policy
- Has good phone/internet reception
- Not applicable (I don't work on a boat)

Q15. What—if anything—makes it difficult or deters you from seeking advice or treatment from a doctor or other healthcare professional? *Please indicate how much do you agree with the following statements?*

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I can't afford to stop working to seek treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments and medications are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It takes too long to get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of travelling there is too high (e.g. fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health issues aren't that serious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't think my health concerns are reducing my productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want to let my co-workers/employees down by taking time off to seek treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want my co-workers/employees to know there is anything wrong with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments clash with work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor's explanations are often unclear and I feel left in the dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor doesn't understand the pressures of the fishing industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find talking about my body and health issues embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am uncomfortable talking openly with my local health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The remainder of the questions in this section ask about how you **currently** access health and wellbeing information, and how you would **prefer** to get this information.

Q16. If you found you had a health or wellbeing concern, what source of information—if any—would you consult **first**? *Select only one response for each health or wellbeing issue.*

<i>Health or wellbeing issue...</i>	Internet (via computer or phone)	Friends or family	Doctor or health specialist	Phone service or help line	I would not seek help – I would wait and see if the problem went away
A major physical health concern (e.g. cancer, diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A minor physical issue or injury (e.g. cut or rash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An embarrassing issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily pain that made working difficult/uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily pain that prevented you from working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issue that made it difficult/uncomfortable to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issue that prevented you from working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sexual health issue (e.g. impotence, a concerning rash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling ‘down’ for two weeks or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next question is about ‘tele-health’ or ‘e-health’ services. These terms refer to when you receive a health or medical service over the phone, or over the internet. For example, can you have a ‘consultation’ with your specialist via Skype? Or, can you communicate with your doctor about your blood-sugar levels, anxiety levels or blood pressure over the phone?

Q17. Are ‘tele-health’ or ‘e-health’ services available in your region?

- YES, and I **have** used the service/s
- YES, but I have **not** used the service/s.
- No, and I **would not** use the service/s if they were available
- No, but I **would** use the service/s if they were available
- Not sure
- Can you explain your answer?

The following two questions refer to preventative health information rather than advice you might seek from your doctor for a personal health issue, even if it is fishing related. For example, information about how to prevent and treat sting-ray injuries, rather than information on an *actual* sting-ray injury you have yourself.

Q18. **How** would you prefer to receive general health and wellbeing information **specific** to the fishing industry? *Please tick up to **three** options.*

- Talking and listening in person, one-on-one
- Talking and listening in a group of people (such as at a field-day or information evening)
- Talking and listening over the phone (i.e. having a conversation with someone)
- Listening to a radio or podcast
- Watching a video or animation (e.g. on television, or on the internet)
- Reading information on the internet (e.g. email, social media, website)
- Reading information in hardcopy (e.g. a brochure or pamphlet or book)
- Other _____

Q19. **From whom** would you prefer to receive general health and wellbeing information **specific** to the fishing industry? In each case the information would be the same. We are asking about **whom you would prefer to communicate with**. *Please tick up to **three** options.*

- General health organisation (e.g. community nurse or health worker)
- Research institute staff (e.g. from a university, CSIRO)
- Specific-health-issue organisation (e.g. staff from Cancer Council, Beyond Blue)
- Another member of the fishing industry (e.g. another fisher, a processor)
- A non-government industry organisation (e.g. someone from your peak body, or co-op)
- A government industry organisation (e.g. fisheries department staff)
- Someone completely removed from the fishing industry (e.g. a paid consultant, or facilitator)
- Other _____

3. HEALTH, WELLBEING AND SAFETY IN YOUR FISHERY

The following questions relate to your perception of health issues in your fishery. They may relate to your personal experience, but may also reflect your views of the fishery as a whole and the experiences of other fishers.

Q20. What do you think are the most important factors that affect the health and wellbeing of fishers in your fishery? (Maximum of five).

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Q21. The following question asks you to comment on factors that affect Australian fisher health. **In your fishery**, how much do you think these factors impact on fisher health and wellbeing?

	Not at all	A little	Moderately	Quite a bit	Very much
Poor diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear-and-tear on joints, (e.g. knees, hips, shoulders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries from tool use, including cuts from knives, crush injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This question asks about the role of the commercial fishing industry in the general safety of those who use the ocean. From time-to-time fishers do things like respond to distress calls, provide assistance (advice, a tow) to broken down boats, and rescue people from disabled vessels, windsurfers or the water.

22. How many times in the **past five years** has one of your boats (and/or crew) provided assistance to another boat, vessel or person at sea? *Please provide a number, from 0 upwards*

- Commercial fishing vessel and/or crew _____
- Recreational users (e.g. fishers, windsurfers, jetskiers, swimmers) _____
- Merchant vessel and/or crew _____

Q23. How much do following factors contribute to **stress** among those in your fishery?

<i>Stress caused by...</i>	Not at all	A little	Moderately	Quite a bit	Very much
Severe weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluctuating market prices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to government regulations on access (e.g. area closures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government red tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty about <i>future</i> unknown changes to government regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative media representation, poor public image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncertainty about seafood stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical danger of fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General demands of running a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational fishing sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills required to do your job (e.g. drive a boat, gutting skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship/s with co-worker/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Succession planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Between 1–5, how physically risky is **your** fishery compared to other Australian fisheries?

Far less risky **1** **2** **3 (same)** **4** **5** **Far more risky**

4. YOUR ROLE IN THE FISHING INDUSTRY

Q25. Are you currently an active fisher or seafood harvester? (e.g. skipper, deckhand, diver)

- Yes
 - Normally I am fishing, but I am temporarily not fishing (e.g. injured, working elsewhere)
 - No, I have never fished (e.g. I'm a licence holder, or business partner)
 - No, I have retired from actively fishing
- Other _____

Q26. What is your **main** working role in the fishing industry?

- Skipper, or in charge of harvesting operations
- Crew or worker
- Not applicable (e.g. I am an investor)

Q27. Is your role in the fishing industry:

- Full time
- Part time

Q28. Who does the bulk of the administrative or book-work in your fishing business?

- I do
- Someone else. *Who?* (e.g. wife, brother, accountant?) _____

Q29. We would like to ask you if you own, or part-own, a licence/concession. Which of the following applies to your situation? *Please tick all that apply*

- I own a licence/concession
- I own a licence/concession, which I lease to someone else
- I lease a licence/concession, to use in my own business
- None of the above

Q30. We would like to ask you if you own, or part-own, quota (include 'units', 'days', etc.). Which of the following applies to your situation? *Please tick all that apply*

- I own quota
- I own quota, which I lease to someone else
- I lease quota, to use in my own business
- None of the above

Q31. Do you own or co-own a commercial fishing vessel?

- Yes
- No

Q32. Do you own or co-own other fishing, harvesting, or processing gear, worth **more than \$5,000**? *E.g. pots, nets. Exclude work vehicles.*

- Yes
- No

Q33. As part of your role in the fishing industry, do you receive:

- A stable wage
- A percentage of the catch/take
- Both a stable wage *plus* a percentage of the catch/take
- Not relevant

Q34. If you feel your role has not been fully identified in Q25-33, please describe below your role or additional roles you have in the fishing industry (e.g. owning a retail outlet)

Q35. Do you personally supplement your income in the fishing industry with other paid work?

YES

NO

If so, what do you do? _____

Consider what you would call your **main** fishery, or the fishery that takes up most of your **time**. If you can't decide between multiple fisheries (e.g. if you're are equally involved in shark and lobster, or you invest in a number of fisheries but don't physically operate any), your main fishery would be the fishery you **most recently** worked in or were associated with operating. Don't mark this answer down, just keep it in mind when answering the following questions.

Q36. Where does your main fishing business operate most of the time?

Commonwealth waters	<input type="checkbox"/>	Victoria	<input type="checkbox"/>
New South Wales	<input type="checkbox"/>	Western Australia	<input type="checkbox"/>
South Australia	<input type="checkbox"/>	Tasmania	<input type="checkbox"/>
Queensland	<input type="checkbox"/>	Northern Territory	<input type="checkbox"/>

Q37. What best describes your **main** fishing business/activity?

Inshore or coast (within 3 nm of shore)

Offshore (beyond 3 nm of shore)

Bays, estuaries and/or inlets

Beach (e.g. cockles, pipis)

Aquaculture (marine)

Aquaculture (fresh water)

Freshwater (wildcatch)

Q38. What gear is used for your main fishery? *Please tick all that apply.*

Pots or traps

Trawl

Dredge

Net

Dive

Line (e.g. longline, troll, rod and reel, dropline, jig)

Hand collection (no boat) (e.g. pipis)

Floating farms

Pump

Other _____

Q39. How many people typically work in the harvesting process (e.g. on the boat, or on the beach) used in your main fishery? (include yourself, if applicable)._____

Q40. How long is a typical fishing trip (or harvesting period) for your main fishery?

.....Hours (if less than a day)Days (if more than 24 hours)

Q41. What kind of phone/s do you use while fishing? *Please tick all that apply.*

- Mobile phone (no internet connection)
- Mobile phone (with internet connection)
- I don't have a mobile phone. *Please go to section 5.*
- I can't use my phone when I fish (e.g. no reception). *Please go to section 5.*
- Other (e.g. satellite phone)_____

Q42. How do you use your phone while at sea? *Please tick all that apply.*

- Communicate with business partners
- Communicate with other fishers
- Communicate with fisheries officials
- Communicate with friends and loved ones
- To access electronic logbooks
- Other official reporting (not electronic logbooks)
- To check the news
- To get health information
- To check the weather
- To use social media (e.g. Facebook)
- Videos or movies or games
- To take photos/videos
- Other.....*

5. PARTICIPANT INFORMATION

This section asks some basic questions about you. They are very important to our research so we can see how these factors impact on your health, separate to your role in the fishing industry.

Q43. Where do you live most of the time?

Victoria	<input type="checkbox"/>	Western Australia	<input type="checkbox"/>
New South Wales	<input type="checkbox"/>	Tasmania	<input type="checkbox"/>
South Australia	<input type="checkbox"/>	Northern Territory	<input type="checkbox"/>
Queensland	<input type="checkbox"/>	Other_____	<input type="checkbox"/>

Q44. What is your gender?

- Male
- Female
- Other
- Rather not say

Q45. How old are you?_____

Q46. In which country were you born?_____

Q47. Are you of Aboriginal or Torres Strait Islander origin? *Please tick all that apply.*

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Q48. How would you describe your ancestry? Provide up to two ancestries only. Examples of 'other': Vietnamese, Lebanese, Indonesian, Maori, Hmong.

- Australian
- English
- Greek
- Irish
- Italian
- Other* _____

Q49. Do you consider yourself a religious person?

- No
- Yes

Q50. How many people **live in** your household?

- I live alone
- Myself and _____ other people

Q51. How many people in your household **contribute to your household income**?

- Only me
- Myself and _____ other people

Q52. What is your relationship status?

- Single, never married
- Defacto or in a committed relationship
- Widowed
- Divorced
- Separated but not divorced
- Married

Q53. What is the highest year of primary or secondary school you have *completed*? _____

Q54. What is the level of the *highest* qualification you have *completed*? _____

Q55. Would you like to be kept personally informed of the results of this research, or to participate in future research? If so, either write your name and email address here, or send an email to tanya.king@deakin.edu.au with the subject line: **Fisher health**

Q56. Would you like to include any additional comments or information? *Please add extra pages if required.*

THANKS AGAIN FOR FILLING OUT THE SURVEY!