

**WIVES/PARTNERS  
OF  
GREAT BARRIER REEF PILOTS  
  
QUESTIONNAIRE**

**All responses will remain confidential**

**If a particular item does not apply to you, do not answer that  
item.**

**QUEENSLAND UNIVERSITY OF TECHNOLOGY  
1998**

The following questions were designed to provide the research team with background information and to attempt to identify the sources of stress experienced by wives/partners and families of Great Barrier Reef Pilots.

Participation is entirely voluntary, you are free to withdraw from the project at any time. Answers to the questions will remain confidential. Information on individual questionnaires will not be examined separately, rather a general picture of responses will be evaluated.

When you are completing the questionnaire please tick or circle the response that **MOST** reflects your current situation. The more questions you complete the more useful the information will be.

Please return your completed questionnaire in the stamped addressed envelope provided.

Thank-you for your co-operation.

**Questions relating to the survey form should be directed to:**

**Dr Lyle Hubinger, School of Human Movement Studies, Queensland University of Technology, Kelvin Grove Campus, Victoria Park Road, Kelvin Grove Q 4059. Phone 07 38645824; Fax 07 38643980; email: l.hubinger@qut.edu.au.**

The following questions are aimed at providing the research team with some background information. Please tick the appropriate box to indicate your response.

1. What is your age group? TICK ONE BOX ONLY

- 1  30 years or less
- 2  31-40 years
- 3  41-50 years
- 4  51-60 years
- 5  Over

2. Which of the following best describes your **current** marital status? TICK ONE BOX ONLY

- 1  Never Married
- 2  Married
- 3  Separated
- 4  Divorced
- 5  Widowed

3. Have you **previously** been married? TICK ONE BOX ONLY

- 1  Yes
- 2  No

4. What is the **highest** level of education you have completed? TICK ONE BOX ONLY.

- 1  Primary school
- 2  High school
- 3  Technical school
- 4  University graduate
- 5  Postgraduate degree

5. Please indicate your country of birth. TICK ONE BOX ONLY.

- 1  Australia
- 2  Europe
- 3  United Kingdom
- 4  Ireland
- 5  Asia
- 6  Africa
- 7  America
- 8  Other (please specify): .....

6. How many children do you have? TICK ONE BOX ONLY

- 1  None
- 2  One
- 3  Two
- 4  Three
- 5  Four or more

7. Please indicate the age of your children ? TICK AS MANY AS APPLY

- 1  Less than 5 years    How many .....
- 2  5 - 12 years            How many .....
- 3  13 - 18 years            How many .....
- 4  19 + years                How many .....

8. Do you work? TICK ONE BOX ONLY

- 1  Yes
- 2  No

9. If YES, is the job (or jobs): TICK AS MANY AS APPLY

- 1  Full time
- 2  Part time
- 3  Casual basis
- 4  Self employed
- 5  Voluntary

10. If you are not currently working, would you like to have a job? TICK ONE BOX ONLY

- 1  Yes
- 2  No

If you have further comments about your employment please add these in the space provided below.

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11. The following is a list of statements relating to your husband/partner's work. Please rate each statement in terms of the degree of concern which it causes you. **CIRCLE ONE NUMBER FOR EACH ITEM.**

<b>STATEMENT</b>	<b>Very definitely is not a concern</b>	<b>Definitely is not a concern</b>	<b>Generally is not a concern</b>	<b>Generally is a concern</b>	<b>Definitely is a concern</b>	<b>Very definitely is a concern</b>
a. The adequacy of your partner's rest periods between work periods	1	2	3	4	5	6
b. The physical demands experienced by your partner as a consequence of piloting work	1	2	3	4	5	6
c. The physical risks your partner encounters as a consequence of piloting work	1	2	3	4	5	6
d. The mental demands experienced by your partner as a consequence of piloting work	1	2	3	4	5	6
e. The amount of fatigue experienced by your partner due to piloting work	1	2	3	4	5	6
f. The amount of stress experienced by your partner due to piloting work	1	2	3	4	5	6
g. The impact of piloting work on your partner's health	1	2	3	4	5	6
h. The impact of competition between piloting organisations on your partner's stress levels	1	2	3	4	5	6
I. Changes in pilotage income structure	1	2	3	4	5	6
j. Changes in the costs of pilotage (e.g. travel costs)	1	2	3	4	5	6
k. Financial arrangements during times of sickness when your husband/partner is unable to work	1	2	3	4	5	6
l. The adequacy of your partner's superannuation funding arrangements	1	2	3	4	5	6
m. The adequacy of your partner's living conditions while away from home	1	2	3	4	5	6
n. The qualifications required for entry into the Great Barrier Reef pilotage services	1	2	3	4	5	6
o. Changes in the structure of pilotage in the Great Barrier Reef region	1	2	3	4	5	6
p. The security associated with your partner's work	1	2	3	4	5	6
q. Amount of leisure time your partner receives	1	2	3	4	5	6
r. The uncertainty associated with how long partner will be at home between tours of duty	1	2	3	4	5	6
s. Regularity of income	1	2	3	4	5	6
t. Funds available for recreation and leisure	1	2	3	4	5	6

12. The home and away nature of seafaring work imposes an uncommon lifestyle on wives/partners and families. The following questions aim to capture the impact this lifestyle has on you. **CIRCLE ONE NUMBER FOR EACH ITEM.**

<b>HOW OFTEN DO YOU:</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
a. Experience stress when your partner is due to return to sea	1	2	3	4
b. Experience stress when your partner arrives home	1	2	3	4
c. Think your children are stressed when your partner is due to return to sea	1	2	3	4
d. Think your children are stressed when your partner returns home	1	2	3	4
e. Have difficulty coping when your partner is at sea	1	2	3	4
f. Use medication to help you cope when your partner is away	1	2	3	4
g. Use social drugs to help you cope when your partner is away	1	2	3	4
h. If you smoke, do you smoke more when your partner is away	1	2	3	4
i. If you drink alcohol, do you consume more when your partner is away	1	2	3	4
j. Tend to eat more when your partner is away	1	2	3	4
k. Tend to eat less when your partner is away	1	2	3	4
l. Feel that a support group for the wives/partners of Great Barrier Reef pilots would help you cope with the nature of your partner's work	1	2	3	4
m. Feel your relationship is strongly at risk because your partner is working away from home (e.g. female companions, extramarital affairs)	1	2	3	4
n. Wish your husband/partner had a shore based job	1	2	3	4
o. Find that your partner's work disrupts your sleep	1	2	3	4
p. Experience concern over household security while your partner is away	1	2	3	4
q. Find that loneliness is a concern when your partner is away	1	2	3	4
r. Find that your partner's work limits your social life	1	2	3	4
s. Find that your partner's work limits your career and work	1	2	3	4
t. Experience concern over having to attend to crisis situations on your own when your partner is away (e.g. sick children)	1	2	3	4
u. Experience stress over the uncertainty about the duration your partner will be away from home	1	2	3	4
v. Find that additional free time you are able to spend with your partner after a tour of duty is a positive aspect of his work	1	2	3	4
w. Enjoy having time to pursue your own interests while your partner is away	1	2	3	4
x. Find that the decisions you make (e.g. re family and what the children can/cannot do) cause problems when your partner returns home	1	2	3	4
y. Find that you give in following a fight because you know your partner is about to go away and you want to keep the peace	1	2	3	4
z. Find the home and away basis of your partner's work is stimulating to your relationship	1	2	3	4



14. Social support is often a means of coping with the stress of having an intermittent partner. The following questions relate to the level of social support available to you.

a. About how many close friends/relatives do you have (people you feel at ease with) that you can talk to about what is on your mind?

Write in the number of close friends and relatives

People sometimes look to others for companionship, assistance, or other types of support. Please answer the following statements. **CIRCLE ONE NUMBER FOR EACH ITEM.**

<b>HOW OFTEN DO YOU HAVE:</b>	<b>Never</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
b. Someone to help if you were confined to bed	1	2	3	4	5
c. Someone you can count on to listen to you when you need to talk	1	2	3	4	5
d. Someone to give you good advice about a crisis	1	2	3	4	5
e. Someone to take you to the doctor if you needed it	1	2	3	4	5
f. Someone who shows you love and affection	1	2	3	4	5
g. Someone to have a good time with	1	2	3	4	5
h. Someone to give you information to help you understand a situation	1	2	3	4	5
I. Someone to confide in and talk about yourself or your problem	1	2	3	4	5
j. Someone who hugs you	1	2	3	4	5
k. Someone to get together with for relaxation	1	2	3	4	5
l. Someone to prepare your meals if you were incapacitated	1	2	3	4	5
m. Someone whose advice you really want	1	2	3	4	5
n. Someone to do things with to help you get your mind off things	1	2	3	4	5
o. Someone to help you with daily chores if you were sick	1	2	3	4	5
p. Someone to share your most private thoughts with	1	2	3	4	5
q. Someone to turn to for suggestions about how to deal with personal problems	1	2	3	4	5
r. Someone to do something enjoyable with	1	2	3	4	5
s. Someone who understands your problems	1	2	3	4	5
t. Someone to love and make you feel wanted	1	2	3	4	5
u. Personal problems but refrain from discussing them with others, despite people being available	1	2	3	4	5

15. The additional demands created by having an intermittent partner have the potential to impact on a person's health. The following questions relate to your own general level of health. Please answer the questions below by ticking one box for each question.

a. Which response best describes your present general health? TICK ONE BOX ONLY

- 1  Poor
- 2  Fair
- 3  Good
- 4  Excellent

b. Are you presently being treated for any illness, injury or mental health problem? TICK ONE BOX ONLY

- 1  Yes
- 2  No

c. If YES, please specify the problem and any **medication** you are currently taking as treatment. PLEASE PRINT

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d. How would you describe your overall physical fitness? TICK ONE BOX ONLY

- 1  Poor
- 2  Fair
- 3  Good
- 4  Excellent

We may not have covered all the issues which relate to your health and fitness. Please feel free to make any additional comments about additional issues relevant to this topic.

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16. The following questions are designed to gain an understanding of how you feel. In answering these questions, do not take too long over your responses; your immediate reaction to each item will be more accurate than a long thought out response.

Read each item and tick the box which comes closest to how you have been feeling in the **LAST WEEK. CIRCLE ONE NUMBER FOR EACH ITEM.**

STATEMENT	All the time	Most of the time	Some of the time	Rarely	Never
a. I have been worried about every little thing	1	2	3	4	5
b. I have been so miserable that I have had difficulty in sleeping	1	2	3	4	5
c. I have been so worked up that I could not sit still	1	2	3	4	5
d. I have been depressed	1	2	3	4	5
e. I have gone to bed not caring if I never woke up	1	2	3	4	5
f. For no good reasons I have had feelings of panic	1	2	3	4	5
g. I have been so low in spirits that I have sat up for ages doing absolutely nothing	1	2	3	4	5
h. I have had a pain or tense feeling in my neck or head	1	2	3	4	5
j. The future seems hopeless	1	2	3	4	5
k. Worrying has kept me awake at night	1	2	3	4	5
l. I have lost interest in just about everything	1	2	3	4	5
m. I have been so anxious that I could not make up my mind about the simplest thing	1	2	3	4	5
n. I have been so depressed that I have thought of doing away with myself	1	2	3	4	5
o. I have been breathless or had a pounding of my heart	1	2	3	4	5

17. How acceptable or unacceptable did you find the use of this questionnaire as a method to help evaluate the level of difficulties associated with being the wife/partner of a Great Barrier Reef pilot? TICK ONE BOX ONLY

- 1  Very acceptable
- 2  Moderately acceptable
- 3  Slightly acceptable
- 4  Moderately unacceptable
- 5  Very unacceptable

