



The Longitudinal Study of Australian Children

P2LB16

**IN CONFIDENCE**



**Wave 7  
2016**

**Parent's/Guardian's name:**

**Study child's name:**

You are being invited to take part in *Growing Up in Australia: The Longitudinal Study of Australian Children*. Thank you for your involvement in the Study. The perspective of both parents/guardians is very important to the Study. The Study is being conducted as a partnership between the Department of Social Services, the Australian Institute of Family Studies, and the Australian Bureau of Statistics (ABS), with advice provided by a consortium of leading researchers.

The information reported on this form, including personal and sensitive information is collected on a voluntary basis and will be used for statistical purposes by the *Growing Up in Australia* study. To ensure your privacy is maintained, only de-identified data will be released to researchers and policy makers, and only combined results will be published.

By signing this form you will consent to the information you have provided on this form being released to researchers and policy makers. If you return this form unsigned *Growing Up in Australia* will not release the information. However, an electronic copy of this completed form will be retained by the ABS for our records.

Further information on privacy in relation to the *Growing Up in Australia* study and the *Growing Up in Australia* Privacy Statement can be found at: [www.growingupinaustralia.gov.au/participants/privacy.html](http://www.growingupinaustralia.gov.au/participants/privacy.html) or by calling 1800 005 508 freecall (excluding mobile phones).

**Parent/  
Guardian:**

First name	Surname
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**Parent/  
Guardian's  
Signature:**

**Date:**

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We really appreciate you finding the time to complete, sign and return this form.

If you have any questions or want more information, please call 1800 005 508 freecall (excluding mobile phones).



### Instructions

- This form is to be completed by the parent/guardian named on the front page with regard to the child named on the front page
- Use **black** pen
- Keep each number or tick within the response box provided, for example  

5	9	or	✓
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- Where appropriate, you can record '0' in the response box. However, do not use 'nil', 'n/a' or '-'
- If a mistake is made, please correct it this way  

<del>5</del>	<del>4</del>	<del>2</del>	5 4 2
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- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, SYDNEY NSW 2000)

Yes



1

No



2

## Child's personality and behaviour

**1** For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behaviour over the last six months or this school year.

		Not true	Somewhat true	Certainly true
(a)	Considerate of other people's feelings P2LB 1.1 / gse03b1a	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b)	Restless, overactive, cannot stay still for long P2LB 1.2 / gse03b2a	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c)	Often complains of headaches, stomach aches or sickness P2LB 1.3 / gse03b3a	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d)	Shares readily with other youth, for example books, games, food P2LB 1.4 / gse03b1b	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e)	Often loses temper P2LB 1.5 / gse03b4a	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f)	Would rather be alone than with other youth P2LB 1.6 / gse03b5a	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g)	Generally well behaved, usually does what adults request P2LB 1.7 / gse03b4b	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(h)	Many worries or often seems worried P2LB 1.8 / gse03b3b	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(i)	Helpful if someone is hurt, upset or feeling ill P2LB 1.9 / gse03b1c	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(j)	Constantly fidgeting or squirming P2LB 1.10 / gse03b2b	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(k)	Has at least one good friend P2LB 1.11 / gse03b5b	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(l)	Often fights with other youth or bullies them P2LB 1.12 / gse03b4c	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(m)	Often unhappy, depressed or tearful P2LB 1.13 / gse03b3c	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(n)	Generally liked by other young people P2LB 1.14 / gse03b5c	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(o)	Easily distracted, concentration wanders P2LB 1.15 / gse03b2c	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(p)	Nervous in new situations, easily loses confidence P2LB 1.16 / gse03b3d	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(q)	Kind to younger children P2LB 1.17 / gse03b1d	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(r)	Often lies or cheats P2LB 1.18 / gse03b4f	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(s)	Picked on or bullied by other young people P2LB 1.19 / gse03b5d	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(t)	Often volunteers to help others (parents, teachers, children) P2LB 1.20 / gse03b1e	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(u)	Thinks things out before acting P2LB 1.21 / gse03b2d	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(v)	Steals from home, school or elsewhere P2LB 1.22 / gse03b4g	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(w)	Gets along better with adults than with other young people P2LB 1.23 / gse03b5e	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(x)	Many fears, easily scared P2LB 1.24 / gse03b3e	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(y)	Good attention span, sees tasks through to the end P2LB 1.25 / gse03b2e	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Parenting

### 2 Thinking about the study child over the past six months, how often did you...

	Never/ almost never	Rarely	Sometimes	Often	Always/ almost always
(a) Hug or hold this child for no particular reason? P2LB 2.1 / gpa03b2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Talk it over and reason with this child when he/she misbehaved? P2LB 2.2 / gpa09b2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Tell this child how happy he/she makes you? P2LB 2.3 / gpa03b3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Give this child reasons why rules should be obeyed? P2LB 2.4 / gpa09b3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Explain to this child why he/she was being corrected? P2LB 2.5 / gpa09b1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Have warm, close times together with this child? P2LB 2.6 / gpa03b4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Enjoy listening to this child and doing things with him/her? P2LB 2.7 / gpa03b5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Feel close to this child both when he/she was happy and when he/she was upset? P2LB 2.8 / gpa03b6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Express affection by hugging, kissing and holding this child? P2LB 2.9 / gpa03b1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Explain to this child the consequences of his/her behaviour? P2LB 2.10 / gpa09b4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Emphasise to this child the reasons for rules? P2LB 2.11 / gpa09b5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...**

	Never/ almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise?	P2LB 3.1 / gpa13b2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval?	P2LB 3.2 / gpa13b3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it?	P2LB 3.3 / gpa11b1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her?	P2LB 3.4 / gpa11b2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) How often does this child get away with things that you feel should have been punished?	P2LB 3.5 / gpa11b3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) How often are you angry when you punish this child?	P2LB 3.6 / gpa13b4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) How often do you feel you are having problems managing this child in general?	P2LB 3.7 / gpa13b5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it?	P2LB 3.8 / gpa11b4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) When you discipline this child, how often does he/she ignore the punishment?	P2LB 3.9 / gpa11b5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) How often do you tell this child that he/she is bad or not as good as others?	P2LB 3.10 / gpa13b6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) How often do you think that the level of punishment you give this child depends on your mood?	P2LB 3.11 / gpa13b7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4 In the past month, how often did you...

	Daily	A few times a week	A few times a month	Rarely	Not at all
(a) Help this child with his/her homework? P2LB 4.1 / ghe11b3b	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
(b) Talk to this child about his/her school activities? P2LB 4.2 / ghe11b1b	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
(c) Eat an evening meal with this child? P2LB 4.3 / gpa10b5a	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

#### 5 How often...

	Never/ almost never	Rarely	Sometimes	Often	Always/ almost always
(a) Does this child behave in a manner different from the way you want him/her to? P2LB 5.1 / gpa12b1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
(b) Do you think that this child's behaviour is more than you can handle? P2LB 5.2 / gpa12b2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
(c) Do you feel that you are good at getting this child to do what you want him/her to do? P2LB 5.3 / gpa12b3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
(d) Do you feel that you are in control and on top of things when you are caring for this child? P2LB 5.4 / gpa12b4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		

#### 6 People often disagree with each other. The following sentences describe situations. How often do you and this child do the following things?

	Not at all	A little	Sometimes	Pretty often	Almost all or all of the time
(a) We disagree and fight P2LB 6.1 / gpa26b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) We bug each other or get on each other's nerves P2LB 6.2 / gpa26b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) We yell at each other P2LB 6.3 / gpa26b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) When we argue we stay angry for a very long time P2LB 6.4 / gpa26b4	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
(e) When we disagree, I refuse to talk to this child P2LB 6.5 / gpa26b5	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
(f) When we disagree, this child stomps out of the room, house or yard P2LB 6.6 / gpa26b6	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		

#### 7 How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
(a) I know how to help this child do well at school P2LB 7.1 / ghe33b4a	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
(b) I think that I can make a difference in this child's success at school P2LB 7.2 / ghe33b5a	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
(c) I am able to help this child at home with school work that is difficult P2LB 7.3 / ghe33b6a	<input type="checkbox"/> 3	<input type="checkbox"/> 4		

**8 How many of this child's...**

	None of them	Only a few	About half	Most of them	All of them
(a) Close friends do you know by sight <u>and</u> first and last name? <span style="float: right;">P2LB 8.1 / gpa19b1</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Close friends' <u>parents</u> do you know by sight <u>and</u> by first and last name? <span style="float: right;">P2LB 8.2 / gpa19b2</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

-1 if volunteered Child does not have any friends

**9 How strongly do you agree or disagree with the following statements?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) It is important that parents know where their child is and what he/she is doing all the time <span style="float: right;">P2LB 9.1 / gpa08b1</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) It is difficult to know where this child is and what he/she is doing now that he/she is getting older <span style="float: right;">P2LB 9.2 / gpa08b2</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**10 How often...**

	Always	Almost always	About half the time	Almost never	Never
(a) In the course of a day, do you know where this child is? <span style="float: right;">P2LB 10.1 / gpa18b1</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Do you know who this child is with when he/she is away from home? <span style="float: right;">P2LB 10.2 / gpa18b2</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you talk to this child about what is going on in his/her life? <span style="float: right;">P2LB 10.3 / gpa18b3</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Does this child go out without telling you where he/she will be? <span style="float: right;">P2LB 10.4 / gpa18b4</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**11 Overall, as a parent, do you feel that you are...** P2LB 11 / gpa01b

Not very good at being a parent... ..  1

A person who has some trouble being a parent ...  2

An average parent ... ..  3

A better than average parent... ..  4

A very good parent ... ..  5

## Health and wellbeing

### 12 In general, would you say your own health is... [P2LB 12 / ghs13b](#)

- Excellent .....  1
- Very good .....  2
- Good .....  3
- Fair .....  4
- Poor .....  5

### The next questions are about your own lifestyle.

Ever had any of listed conditions

### 13 Have you ever had any of the following conditions? [P2LB 13.1 / ghs48b1c](#)

(Please tick all the response options that apply for each condition):

1. Yes  
2. No

		Never	Yes, as a child	Yes, as an adult	Ongoing condition	Don't know
(a) Asthma	<a href="#">P2LB 13.1 / ghs48b1c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hay fever	<a href="#">P2LB 13.2 / ghs48b2c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Eczema	<a href="#">P2LB 13.3 / ghs48b3c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Psoriasis	<a href="#">P2LB 13.4 / ghs48b4c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Obese or very overweight	<a href="#">P2LB 13.5 / ghs48b5c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Very thin or underweight	<a href="#">P2LB 13.6 / ghs48b6c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Bulimia	<a href="#">P2LB 13.7 / ghs48b7c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Diabetes treated with insulin	<a href="#">P2LB 13.8 / ghs48b8c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Other diabetes	<a href="#">P2LB 13.9 / ghs48b9c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Heart disease	<a href="#">P2LB 13.10 / ghs48b10c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Hypertension (high blood pressure) that you have medication for	<a href="#">P2LB 13.11 / ghs48b11c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Migraine	<a href="#">P2LB 13.12 / ghs48b12c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) Chronic back pain/slipped disc	<a href="#">P2LB 13.13 / ghs48b13c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) Pelvic inflammatory disease	<a href="#">P2LB 13.14 / ghs48b14c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) Stomach ulcer	<a href="#">P2LB 13.15 / ghs48b15c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(p) Other chronic pain	<a href="#">P2LB 13.16 / ghs48b16c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



**13 Have you ever had any of the following conditions? – (continued)***(Please tick all the response options that apply for each condition):*

		Never	Yes, as a child	Yes, as an adult	Ongoing condition	Don't know
(q) A stroke	P2LB 13.17 / ghs48b17c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(r) Rheumatism	P2LB 13.18 / ghs48b18c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(s) Arthritis	P2LB 13.19 / ghs48b19c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(t) Chronic bronchitis or lung problems	P2LB 13.20 / ghs48b20c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(u) Cancer	P2LB 13.21 / ghs48b43c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(v) An alcohol problem	P2LB 13.22 / ghs48b30c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(w) Drug addiction	P2LB 13.23 / ghs48b31c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(x) Depression or anxiety	P2LB 13.24 / ghs48b32c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(y) Schizophrenia	P2LB 13.25 / ghs48b33c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(z) Bipolar disorder or manic-depression	P2LB 13.26 / ghs48b34c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(z1) Postnatal depression	P2LB 13.27 / ghs48b35c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(z2) Other mental illness (including short and long term)	P2LB 13.28 / ghs48b36c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(z3) Epilepsy or seizures/fits	P2LB 13.29 / ghs48b37c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
(z4) Language or speech problems	P2LB 13.30 / ghs48b42b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2

**14 How many serves of fruit do you usually eat each day?**

(one serve = 1 medium piece or two small pieces of fruit or 1 cup of diced pieces)

serves

[P2LB14 / ghb13b2b](#)

**15 How many serves of vegetables do you usually eat each day?**

(one serve = 1/2 cup of cooked vegetables or 1 cup of salad vegetables)

serves

[P2LB15 / ghb13b1b](#)

**16 About how many days each week do you do at least 60 minutes of moderate or vigorous physical activity?**

(This is all the time you spent in activities that increased your heart rate and made you breathe hard)

days

[P2LB16 / ghb14b2a](#)

**17 During the past month, how would you rate your own sleep quality overall?**

- Very good ... ..  <sub>1</sub> [P2LB 17 / ghs50b1](#)
- Fairly good ... ..  <sub>2</sub>
- Okay/adequate ... ..  <sub>3</sub>
- Fairly bad ... ..  <sub>4</sub>
- Very bad ... ..  <sub>5</sub>

**18 Do you currently smoke cigarettes?**

Yes  <sub>1</sub> [P2LB 18 / ghb15b5](#)

No  <sub>2</sub> ► Go to Question **21**

**19 Do you smoke at least once per day?**

Yes  <sub>1</sub> [P2LB 19 / ghb15b7](#)

No  <sub>2</sub> ► Go to Question **21**

**20 How many cigarettes do you usually smoke in one day?**

[P2LB 19/20 / ghb15b8](#)

1 to 5 per day ... ..  <sub>2</sub>

6 to 10 per day ... ..  <sub>3</sub>

11 to 20 per day ... ..  <sub>4</sub>

More than 20 per day  <sub>5</sub>

**21 How often do you have a drink containing alcohol?**

[P2LB 21 / ghb16b2](#)

Never ... ..  <sub>0</sub> ► Go to Question **25**

Not in the last year  <sub>1</sub>

Monthly or less ... ..  <sub>2</sub>

2 or 3 times a month  <sub>3</sub>

Once a week ... ..  <sub>4</sub>

2 or 3 times a week  <sub>5</sub>

4 to 6 times a week  <sub>6</sub>

Every day ... ..  <sub>7</sub>

**22 How many standard drinks do you have on a typical day when you are drinking?**

1 or 2... ..  <sub>1</sub> [P2LB 22 / ghb16b3](#)

3 or 4... ..  <sub>2</sub>

5 or 6... ..  <sub>3</sub>

7 to 10 ... ..  <sub>4</sub>

11 or more ... ..  <sub>5</sub>

**23 How often do you have 5 or more standard drinks on one occasion?**

Every day ... ..  <sub>1</sub> [P2LB 23 / ghb16b7](#)

4 to 6 times a week  <sub>2</sub>

2 or 3 times a week  <sub>3</sub>

Once a week ... ..  <sub>4</sub>

2 or 3 times a month  <sub>5</sub>

Monthly or less ... ..  <sub>6</sub>

Never ... ..  <sub>7</sub> ► Go to Question **25**

**24 How often do you have 7 or more standard drinks on one occasion?**

P2LB 24 / ghb16b8

- Every day .....  1
- 4 to 6 times a week .....  2
- 2 or 3 times a week .....  3
- Once a week .....  4
- 2 or 3 times a month .....  5
- Monthly or less .....  6
- Never .....  7

**25 About how much do you weigh?**

(If you are pregnant, please record your usual weight when not pregnant)

P2LB 25 / ghs23b2e

kg or    stones    pounds  
 P2LB 25 / ghs23b2

**26 Sometimes family members may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?**

P2LB 26 / gre06b

('Family' refers to the people you live with)

- Excellent .....  1
- Very good .....  2
- Good .....  3
- Fair .....  4
- Poor .....  5

**27 How much time per week do you personally spend on...**

(a) Domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

P2LB 27.1.2 / gre02b2d

hours    mins  
 P2LB 27.1.1 / gre02b2c

(b) Actively doing things with your children (e.g. playing with your children, helping them with personal care, teaching, coaching or actively supervising them, or getting them to childcare, school and other activities)?

P2LB 27.2.1 / gre02b1c

P2LB 27.2.2 / gre02b1d

hours    mins

**28 Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the...**

(a) Domestic tasks (housework, home maintenance, shopping and cooking)?

P2LB 28.1 / gre02b2a

- I do much less than my fair share ...  1
- I do less than my fair share .....  2
- I do my fair share .....  3
- I do more than my fair share ... ..  4
- I do much more than my fair share...  5

(b) Child-rearing tasks (both physical and emotional care)?

P2LB 28.2 / gre02b1a

- I do much less than my fair share ...  1
- I do less than my fair share .....  2
- I do my fair share .....  3
- I do more than my fair share ... ..  4
- I do much more than my fair share...  5

**29 How difficult do you feel your life is at present?**

P2LB 29 / ghs26b1

- No problems or stresses .....  1
- Few problems or stresses... ..  2
- Some problems and stresses .....  3
- Many problems and stresses .....  4
- Very many problems and stresses ...  5

**30 How well do you think you are coping?**

P2LB 30 / ghs26b2

- Not at all .....  1
- A little .....  2
- Fairly well .....  3
- Very well .....  4
- Extremely well .....  5

**31 In the past year, have you had two weeks or more during which you felt sad, blue or depressed or lost pleasure in things that you usually cared about or enjoyed?**

P2LB 31 / ghs25b1

- Yes  1
- No  2

**32 How often do you feel rushed or pressed for time?**

- P2LB 32 / ghs26b3
- Always .....  1
  - Often.....  2
  - Sometimes.....  3
  - Rarely .....  4
  - Never .....  5

**33 How often do you feel that you need support or help but can't get it from anyone?**

- P2LB 33 / gsc08b
- Very often .....  1
  - Often.....  2
  - Sometimes.....  3
  - Never .....  4

**34 In the past 4 weeks, how often did you feel...**

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
(a) Nervous?	P2LB 34.1 / ghs24b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hopeless (that is, without hope)?	P2LB 34.2 / ghs24b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety?	P2LB 34.3 / ghs24b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) That everything was an effort?	P2LB 34.4 / ghs24b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) So sad that nothing would cheer you up?	P2LB 34.5 / ghs24b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless?	P2LB 34.6 / ghs24b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**35 During the last 12 months, how often have you spent money on any of the following?**

Include money spent online (i.e. on a computer, mobile/smart phone, iPad)

P2LB 35 / gse26b1

Spent money on gambling

1. Yes  
2. No

		Never	Less than once a month	Once a month	2 to 3 times a month	Once a week	More than once per week
(a) Instant scratch tickets ('scratchies')	P2LB 35.1 / gse26b4a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Bingo	P2LB 35.2 / gse26b4b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Lotto or lottery games (e.g. Powerball, Oz Lotto)	P2LB 35.3 / gse26b4c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Keno	P2LB 35.4 / gse26b4d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Private betting with friends or family (e.g. cards, mah-jong, pool, sports)	P2LB 35.5 / gse26b4e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Poker	P2LB 35.6 / gse26b4f	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Casino table games (e.g. blackjack (21), roulette)	P2LB 35.7 / gse26b4g	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Poker machines ('pokies') or slots	P2LB 35.8 / gse26b4h	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**35 During the last 12 months, how often have you spent money on any of the following?**  
 Include money spent online (i.e. on a computer, mobile/smart phone, iPad) – (continued)

	Never	Less than once a month	Once a month	2 to 3 times a month	Once a week	More than once per week
(i) Betting on horse or dog races (but not sweeps) <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Betting on sports (e.g. football, cricket, eSports gaming tournaments) <span style="float: right;">P2LB 35.10 / gse26b4j</span>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**36 Some electronic games are like gambling but do not involve betting money. Thinking about the last 12 months, how often have you played free games like these?**  
 (For example: Zynga Poker, Slottomania, Big Fish Casino) P2LB 36 / gse26b6

• Such games could be played on social network sites (e.g. Facebook), smart-phone or tablet devices or gaming consoles (e.g. PlayStation, Xbox).

Never	Once or twice a year	A few times a year	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 or more times a week
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

If answered never to all types of gambling in Question 35 ► Go to Question 38

The next group of questions are about experiences you might have had because of your participation in gambling or betting games.

**37 Thinking about the last 12 months...**

	Never	Sometimes	Most of the time	Almost always
(a) Have you bet more than you could really afford to lose? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) When you gambled, did you go back another day to try to win back the money you lost? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Have you borrowed money or sold anything to get money to gamble? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Have you felt that you might have a problem with gambling? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Has gambling caused you any health problems, including stress or anxiety? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Has your gambling caused any financial problems for you or your household? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Have you felt guilty about the way you gamble or what happens when you gamble? <span style="float: right;">P2LB 35.9 / gse26b4i</span>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**38 Have you ever had a problem with your gambling?**

P2LB 38 / gse26b8

Yes  1No  2**39 Has anyone in your family ever had a problem with gambling?**

P2LB 38 / gse26b8

Yes  1 P2LB 39 / gse26b9No  2**40 How often...**

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)? P2LB 40.1 / gre01b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Are you a resource or support to your partner in raising your child(ren)? P2LB 40.2 / gre01b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you feel your partner understands and is supportive of your needs as a parent? P2LB 40.3 / gre01b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Do you and your partner disagree about basic child-rearing issues? P2LB 40.4 / gre15b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Is your conversation with your partner awkward or stressful? P2LB 40.5 / gre15b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Do you and your partner argue? P2LB 40.6 / gre15b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Is there anger or hostility between you and your partner? P2LB 40.7 / gre15b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving? P2LB 40.8 / gre15b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Do you and your partner back each other up if you are having difficulties with your child(ren)? P2LB 40.9 / gre01b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Do you and your partner work together in supporting your child(ren) with any difficulties they may be having? P2LB 40.10 / gre01b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**41 Have you ever been afraid of your spouse/partner?**Yes  1 P2LB 41 / gre16bNo  2

Please answer the next questions without thinking too long about your responses – your first response is usually the best. Select which best describes your answer from the scale provided for each question.

42 How well does your spouse/partner meet your needs?

P2LB 42 / gre04b1

1 = Poorly —————> Extremely well = 5

1     2     3     4     5

43 In general, how satisfied are you with your relationship? P2LB 43 / gre04b7

1 = Unsatisfied —————> Very satisfied = 5

1     2     3     4     5

44 How good is your relationship compared to most? P2LB 44 / gre04b2

1 = Poor —————> Excellent = 5

1     2     3     4     5

45 How often do you wish you hadn't married or lived together? P2LB 45 / gre04b3

1 = Never —————> Very often = 5

1     2     3     4     5

46 To what extent has your marriage or relationship met your original expectations? P2LB 46 / gre04b4

1 = Hardly at all —————> Completely = 5

1     2     3     4     5

47 How much do you love your spouse/partner?

P2LB 47 / gre04b5

1 = Not much —————> Very much = 5

1     2     3     4     5

48 How many problems are there in your relationship? P2LB 48 / gre04b6

1 = Very few —————> Very many = 5

1     2     3     4     5

49 Which best describes the degree of happiness, all things considered, in your relationship? P2LB 49 / gre05b

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfectly happy
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1     2     3     4     5     6     7

## Community

### 50 People sometimes look to others for companionship, assistance, or other types of support. How often are each of the following kinds of support available to you if you need it?

('Someone' could include your spouse/partner)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
(a) Someone you can count on to listen to you when you need to talk P2LB 50.1 / gsc18b1a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Someone to confide in or talk to about yourself or your problems P2LB 50.2 / gsc18b1b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Someone to share your most private worries and fears with P2LB 50.3 / gsc18b1c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Someone to turn to for suggestions about how to deal with a personal problem P2LB 50.4 / gsc18b1d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Someone to help you if you were confined to bed P2LB 50.5 / gsc18b2a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Someone to take you to the doctor if you needed it P2LB 50.6 / gsc18b2b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Someone to prepare your meals if you were unable to do it yourself P2LB 50.7 / gsc18b2c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Someone to help with daily chores if you were sick P2LB 50.8 / gsc18b2d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Someone who shows you love and affection P2LB 50.9 / gsc18b3a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Someone to love and make you feel wanted P2LB 50.10 / gsc18b3b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Someone who hugs you P2LB 50.11 / gsc18b3c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Someone to have a good time with P2LB 50.12 / gsc18b4a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) Someone to get together with for relaxation P2LB 50.13 / gsc18b4b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) Someone to do something enjoyable with P2LB 50.14 / gsc18b4c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) Someone to do things with to help you get your mind off things P2LB 50.15 / gsc18b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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### 51 How often do you see, talk to or email the following people?

(Answer for the most frequent contact e.g. if you talk to your mother every day and your father once a week, select 'Every day')

	No contact	Rarely	A few times a year	At least every month	At least every week	Every day	Don't have
(a) Your parents P2LB 51.1 / gsc05b7b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(b) Your spouse/partner's parents P2LB 51.2 / gsc05b7a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(c) Other family members P2LB 51.3 / gsc05b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(d) Your friends P2LB 51.4 / gsc05b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(e) Your neighbours P2LB 51.5 / gsc05b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7



**52 How often do the following people support you in raising your child(ren)?**

		Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your parents	P2LB 52.1 / gsc14b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(b) Your spouse/partner's parents	P2LB 52.2 / gsc14b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(c) Other family members	P2LB 52.3 / gsc14b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(d) Your friends	P2LB 52.4 / gsc14b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(e) Your neighbours	P2LB 52.5 / gsc14b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**53 Thinking about your neighbourhood, how strongly do you agree or disagree with these statements?**

		Strongly agree	Agree	Disagree	Strongly disagree
(a) It is safe for children to play outside during the day	P2LB 53.1 / gsc15b1a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) This is a safe neighbourhood	P2LB 53.2 / gho09b1a1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**54 Still thinking about your neighbourhood, how strongly do you agree or disagree with these statements?**

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(a) This is a close-knit neighbourhood	P2LB 54.4 / gsc10b5a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) People in this neighbourhood generally don't get along with each other	P2LB 54.5 / gsc10b6a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) People in this neighbourhood do not share the same values	P2LB 54.6 / gsc10b7a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) People in this neighbourhood can be trusted	P2LB 54.7 / gsc10b3a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) People around here are willing to help their neighbours	P2LB 54.8 / gsc15b2b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**55 In general, how often do you attend events that bring people together such as fetes, shows, festivals or other community events?**

P2LB 55 / gsc17b

Never	Rarely	Occasionally	Sometimes	Often	Very often
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**56 Are you currently an active member of a sporting, hobby or community-based club or association?**

P2LB 56 / gsc20b

Yes  1  
 No  2

**The next few questions are about unpaid voluntary work, that is, help willingly given in the form of time, service or skills for an organisation.**

**57 In the last 12 months, did you do any unpaid voluntary work for any of these types of organisations?** (Please include all regular and irregular volunteering)

(Tick all that apply) P2LB 57.1 / gsc11b4

- Sport/recreation (e.g. coaching, refereeing)  1 P2LB 57.1.1 / gsc11b2b
- School and children's groups (e.g. canteen, teacher's aide, play group, childcare)  2 P2LB 57.1.2 / gsc11b2o
- Community/welfare (e.g. Clean Up Australia, The Smith Family)  3 P2LB 57.1.3 / gsc11b2a
- Church or religious groups  4 P2LB 57.1.4 / gsc11b2j
- Emergency services (e.g. firefighting, search and rescue) ...  5 P2LB 57.1.5 / gsc11b2g
- Youth/student service/mentoring/leadership/adventure (e.g. Scouts)  6 P2LB 57.1.6 / gsc11b2p
- Arts/heritage/cultural/music activities (e.g. museum) ...  7 P2LB 57.1.7 / gsc11b2e
- Health/health care (e.g. volunteering in a hospital or clinic) ...  8 P2LB 57.1.8 / gsc11b2d
- Teaching or training (e.g. TAFE, Community College, Adult Education classes) ...  9 P2LB 57.1.9 / gsc11b2q
- Animal welfare (e.g. RSPCA)  10 P2LB 57.1.10 / gsc11b2r
- Environment (e.g. conservation)  11 P2LB 57.1.11 / gsc11b2s
- Immigrant/refugee assistance  12 P2LB 57.1.12 / gsc11b2t
- International aid/development (e.g. Oxfam)  13 P2LB 57.1.13 / gsc11b2u
- Law/justice/political/human rights (e.g. Amnesty International) ...  14 P2LB 57.1.14 / gsc11b2v
- Business/professional associations or unions ...  15 P2LB 57.1.15 / gsc11b2f
- Ethnic and Ethnic-Australian societies  16 P2LB 57.1.16 / gsc11b2w
- Other...  17 P2LB 57.1.17 / gsc11b2x
- None ...  18

**58 In the last 12 months, how often did you work for this/these organisation(s) on a voluntary basis?** (If timeframe for work was done over a block of time (e.g. a 3 month period) select '4. At least once a year'.)

P2LB 58 / gsc11b3a

At least once a week  1  
 At least once a fortnight ...  2  
 At least once a month ...  3  
 At least once a year...  4

**59 In total, how many hours did you do volunteer activities for this/these organisation(s)?**

P2LB 59.1 / gsc11b3b

hrs

per week P2LB 59.1.1 / gsc11b3b1  
 per fortnight P2LB 59.1.2 / gsc11b3b2  
 per month P2LB 59.1.3 / gsc11b3b3  
 per year P2LB 59.1.4 / gsc11b3b4

0. No  
 1. Yes

Applies to 57.1.1-57.1.17

0. No  
 1. Yes  
 Applies to 59.1.1-59.1.4

## Work and family

- If you are not in paid work, please go to Question 66.
- For the next questions, please think about the job in which you work the most hours.

**60** If you could choose, how many hours would you prefer to work per week, taking into account how that would affect your income?

hours P2LB 60 / gpw18b2

**61** If you sometimes need to change the time when you start or finish your work day, is it possible?

P2LB 61 / gpw19b

- Yes, I am able to work flexible hours ... ..  1
- Yes, with approval in special situations ...  2
- No, not likely ... ..  3
- No, definitely not ... ..  4
- Don't know ... ..  5

**62** Could you get a permanent increase in hours if needed?

P2LB 62 / gpw20b1

- Yes ... ..  1
- No... ..  2
- Don't know ... ..  3

**63** Could you get a permanent decrease in hours if needed?

P2LB 63 / gpw20b2

- Yes ... ..  1
- No... ..  2
- Don't know ... ..  3

**64** How secure do you feel in your present job?

P2LB 64 / gpw21b

- Very secure ... ..  1
- Secure ... ..  2
- Not very secure ... ..  3
- Very insecure ... ..  4

**65 How strongly do you agree or disagree with these statements?**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a lot of freedom to decide how I do my own work <a href="#">P2LB 65.1 / gpw22b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) My working has a positive effect on my child(ren) <a href="#">P2LB 65.2 / gpw23b1a</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Working helps me to better appreciate the time that I spend with my child(ren) <a href="#">P2LB 65.3 / gpw23b1b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) The fact that I work makes me a better parent <a href="#">P2LB 65.4 / gpw23b1c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) I never have enough time to get everything done in my job <a href="#">P2LB 65.5 / gpw29b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Having both work and family responsibilities makes me a more rounded person <a href="#">P2LB 65.6 / gpw23b2a</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Having both work and family responsibilities gives my life more variety <a href="#">P2LB 65.7 / gpw23b2b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Having both work and family responsibilities makes me feel competent <a href="#">P2LB 65.8 / gpw23b2c</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Because of my <u>work</u> responsibilities I have missed out on home or family activities that I would like to have taken part in <a href="#">P2LB 65.9 / gpw23b3a</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Because of my <u>work</u> responsibilities my family time is less enjoyable and more pressured <a href="#">P2LB 65.10 / gpw23b3b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Because of my <u>family</u> responsibilities I have had to turn down work activities or opportunities that I would prefer to take on <a href="#">P2LB 65.11 / gpw23b4a</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Because of my <u>family</u> responsibilities the time I spend working is less enjoyable and more pressured <a href="#">P2LB 65.12 / gpw23b4b</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**66 What is your relationship to the study child?**

Mother / female guardian ..... [P2LB 66.1 / gfd23b1](#)  1

Father / male guardian .....  2

Other (please specify) .....  3

[P2LB 66.2 / gfd23b2](#)

**Thank you for taking the time to fill in this form.  
Please return in reply paid envelope supplied  
(or send to: Reply Paid 76746, SYDNEY NSW 2000).**