



The Longitudinal Study of Australian Children

P2LK16

IN CONFIDENCE



Wave 7
2016

Parent's/Guardian's name:

Study child's name:

You are being asked to take part in *Growing Up in Australia: The Longitudinal Study of Australian Children*. 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 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
 or
- 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
 Yes ₁ No ₂
 5 4 2
- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, SYDNEY NSW 2000)

Your 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 P2LK 1.1 / ise03b1a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b)	Restless, overactive, cannot stay still for long P2LK 1.2 / ise03b2a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c)	Often complains of headaches, stomach aches or sickness P2LK 1.3 / ise03b3a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d)	Shares readily with other youth, for example books, games, food P2LK 1.4 / ise03b1b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e)	Often loses temper P2LK 1.5 / ise03b4a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f)	Would rather be alone than with other youth P2LK 1.6 / ise03b5a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g)	Generally well behaved, usually does what adults request P2LK 1.7 / ise03b4b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h)	Many worries or often seems worried P2LK 1.8 / ise03b3b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i)	Helpful if someone is hurt, upset or feeling ill P2LK 1.9 / ise03b1c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j)	Constantly fidgeting or squirming P2LK 1.10 / ise03b2b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k)	Has at least one good friend P2LK 1.11 / ise03b5b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l)	Often fights with other youth or bullies them P2LK 1.12 / ise03b4c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m)	Often unhappy, depressed or tearful P2LK 1.13 / ise03b3c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n)	Generally liked by other young people P2LK 1.14 / ise03b5c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o)	Easily distracted, concentration wanders P2LK 1.15 / ise03b2c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p)	Nervous in new situations, easily loses confidence P2LK 1.16 / ise03b3d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q)	Kind to younger children P2LK 1.17 / ise03b1d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r)	Often lies or cheats P2LK 1.18 / ise03b4f	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s)	Picked on or bullied by other young people P2LK 1.19 / ise03b5d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t)	Often volunteers to help others (parents, teachers, children) P2LK 1.20 / ise03b1e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u)	Thinks things out before acting P2LK 1.21 / ise03b2d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v)	Steals from home, school or elsewhere P2LK 1.22 / ise03b4g	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w)	Gets along better with adults than with other young people P2LK 1.23 / ise03b5e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x)	Many fears, easily scared P2LK 1.24 / ise03b3e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y)	Good attention span, sees tasks through to the end P2LK 1.25 / ise03b2e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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) Talk it over and reason with this child when he/she misbehaved? P2LK 2.1 / ipa09b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Give this child reasons why rules should be obeyed? P2LK 2.2 / ipa09b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Explain to this child why he/she was being corrected? P2LK 2.3 / ipa09b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Explain to this child the consequences of his/her behaviour? P2LK 2.3 / ipa09b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Emphasise to this child the reasons for rules? P2LK 2.4 / ipa09b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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? P2LK 3.1 / ipa13b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval? P2LK 3.2 / ipa13b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it? P2LK 3.3 / ipa11b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(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? P2LK 3.4 / ipa11b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished? P2LK 3.5 / ipa11b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child? P2LK 3.6 / ipa13b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general? P2LK 3.7 / ipa13b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it? P2LK 3.8 / ipa11b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment? P2LK 3.9 / ipa11b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others? P2LK 3.10 / ipa13b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood? P2LK 3.11 / ipa13b7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4 In the past month, how often did you eat an evening meal with this child?

P2LK 4.1 / ipa10b5a

Daily	A few times a week	A few times a month	Rarely	Not at all
<input type="checkbox"/> 1	<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? P2LK 5.1 / ipa12b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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? P2LK 5.2 / ipa12b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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? P2LK 5.3 / ipa12b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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? P2LK 5.4 / ipa12b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[P2LK 5.1 / ipa12b1](#)

6 How often do you and this child...

	Never/ almost never	Rarely	Sometimes	Often	Always/ almost always
(a) Talk about what is going on in his/her life? P2LK 6.1 / ipa27b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk about how things are going with his/her friends? P2LK 6.2 / ipa27b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Talk about his/her plans for the future? P2LK 6.3 / ipa27b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Talk about problems he/she is having at school and/or work? P2LK 6.4 / ipa27b7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Talk about future jobs he/she might have? P2LK 6.5 / ipa27b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Talk about his/her plans for work and/or education in the future? P2LK 6.6 / ipa27b8	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7 In the last 12 months, have you or another family member done any of the following to help this child get a job or work experience?

	Yes	No
(a) Arranged for him/her to do unpaid work in a family member's workplace or business P2LK 7.1 / ipw36b11a	<input type="checkbox"/> 1	<input type="checkbox"/> 0
(b) Arranged for him/her to do paid work in a family member's workplace or business P2LK 7.2 / ipw36b11b	<input type="checkbox"/> 1	<input type="checkbox"/> 0
(c) Helped him/her to get unpaid or volunteering work through friends, family or colleagues P2LK 7.3 / ipw36b11c	<input type="checkbox"/> 1	<input type="checkbox"/> 0
(d) Helped him/her to get paid work through friends, family or colleagues P2LK 7.4 / ipw36b11d	<input type="checkbox"/> 1	<input type="checkbox"/> 0
(e) Helped him/her prepare job applications P2LK 7.5 / ipw36b11e	<input type="checkbox"/> 1	<input type="checkbox"/> 0
(f) Helped him/her practice for job interviews P2LK 7.6 / ipw36b11f	<input type="checkbox"/> 1	<input type="checkbox"/> 0

8 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	P2LK 8.1 / ipa26b1	<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	P2LK 8.2 / ipa26b2	<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	P2LK 8.3 / ipa26b3	<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	P2LK 8.4 / ipa26b4	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(e) When we disagree, I refuse to talk to this child	P2LK 8.5 / ipa26b5	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<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	P2LK 8.6 / ipa26b6	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

		Strongly agree	Agree	Disagree	Strongly disagree	Not applicable – child not in school
(a) I know how to help this child do well at school/TAFE	P2LK 9.1 / ihe33b4a1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(b) I think that I can make a difference in this child's success at school/TAFE	P2LK 9.2 / ihe33b5a1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(c) I am able to help this child at home with school/TAFE work that is difficult	P2LK 9.3 / ihe33b6a1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

10 In the last 12 months have you had a serious problem or 'falling out' with this child?

- Yes ₁ P2LK 10 / ipa26b8
- No ₂

11 How often...

		Never	Rarely	Sometimes	Often	Always
(a) Is there anger or hostility between you and this child?	P2LK 11.1 / ipa26b9	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
(b) Do you have arguments with this child that end up with people pushing, hitting, kicking or shoving?	P2LK 11.2 / ipa26b10	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

12 Have you ever been afraid of this child?

- Yes ₁ P2LK 12 / ipa26b7
- No ₂ ▶ Go to Question 14

13 Are you currently afraid of this child?

- Yes ₁ P2LK 13 / ipa26b7a
- No ₂

The next set of questions are about when you were growing up.

14 Did you ever live in any of the following family circumstances before you were 18 years of age?

(Tick all that apply)

- With both natural parents 1
P2LK 14.1 / ipa14b9a
- In a single parent family 2
P2LK 14.2 / ipa14b9b
- With a natural parent and stepparent 3
P2LK 14.3 / ipa14b9c
- With grandparents or other relatives as main carers 4
P2LK 14.4 / ipa14b9d
- With adoptive parents 5
P2LK 14.5 / ipa14b9e
- In a foster family, welfare home or an institution (excluding boarding school) 6
P2LK 14.6 / ipa14b9f
- Other..... 7
P2LK 14.7 / ipa14b9g

15 How many times did you change between these family circumstances before you were 18 years of age? (Include moves between the same family type e.g. from one foster family to another or from one single parent to the other parent)

- None 1
P2LK 15 / ipa14b9j
- Once 2
- Twice 3
- Three times 4
- Four times 5
- Five or more times 6

16 When you were a teenager, before you were 18 years of age did any of the following occur?

(Tick all that apply)

- You ran away from home 1
P2LK 16.1 / ipa14b17a
- You got into trouble with the police 2
P2LK 16.2 / ipa14b17b
- You had problems with alcohol 3
P2LK 16.3 / ipa14b17c
- You started using illicit drugs 4
P2LK 16.4 / ipa14b17d
- You attended child/juvenile court due to juvenile offending 5
P2LK 16.5 / ipa14b17e
- You started to hang out with a bad crowd 6
P2LK 16.6 / ipa14b17f
- You became pregnant/got someone pregnant 7
P2LK 16.7 / ipa14b17g
- You were raped or sexually assaulted 8
P2LK 16.8 / ipa14b17h
- You were admitted to a psychiatric hospital 9
P2LK 16.9 / ipa14b17i

0. No
1. Yes

Thinking about your family situation when you were growing up.

17 During your childhood, did you experience any of the following?

(Tick all that apply)

- Your parents did their best for you 1
P2LK 17.1 / ipa14b4a1
- There were frequent arguments between your parents 2
P2LK 17.2 / ipa14b4a2
- Your father physically abused your mother (e.g. punched, hit, kicked) 3
P2LK 17.3 / ipa14b4a3
- Your mother physically abused your father (e.g. punched, hit, kicked) 4
P2LK 17.4 / ipa14b4a4
- Your father verbally abused your mother (e.g. ridiculed, humiliated) 5
P2LK 17.5 / ipa14b4a5
- Your mother verbally abused your father (e.g. ridiculed, humiliated) 6
P2LK 17.6 / ipa14b4a6 P2LK 14.1
- You had a strict, authoritarian, or regimented upbringing 7
P2LK 17.7 / ipa14b4a7
- You were verbally abused, ridiculed or humiliated by a parent 8
P2LK 17.8 / ipa14b4a8
- You received frequent beatings or too much physical punishment (e.g. hitting, smacking) 9
P2LK 17.9 / ipa14b4a9
- You were sexually abused by someone in your family living in the household 10
P2LK 17.10 / ipa14b4a10
- You were sexually abused by someone in your family not living in the household 11
P2LK 17.11 / ipa14b4a11
- You were frequently left alone to look after yourself 12
P2LK 17.12 / ipa14b4a12
- There was often not enough food in the house 13
P2LK 17.13 / ipa14b4a13
- You moved home frequently 14
P2LK 17.14 / ipa14b4a14
- Your family was very poor and struggled to make ends meet 15
P2LK 17.15 / ipa14b4a15
- You had a pretty normal upbringing 16
P2LK 17.16 / ipa14b4a16

0. No
1. Yes

18 Were you born in Australia?

P2LK 18 / zf23ib2

Yes 1 ► Go to Question 20

No 2

19 Which of the following best describes your migration category when you or your family first arrived in Australia?

(What we are interested in here is the visa status of the Principal Applicant in the family)

P2LK 19.1 / zf23ib

- Skilled migrant 1
- Business migrant 2
- Family migrant 3
- Refugee or Special Humanitarian migrant 4
- New Zealand citizen 5
- Other (please specify) 6

P2LK 19.2 / zf23ib1

Don't know 7

6 (Code generated from other responses) -
Under British migration system for Australia;
7 (Code generated from other responses) -
Born to or parents of the family of the Australian citizen

Health and wellbeing

The next questions are about your own health and wellbeing.

20 In general, would you say your own health is...

P2LK 20 / ihs13b

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

21 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)

P2LK 21 / ihb14b2a

Days

22 How difficult do you feel your life is at present?

P2LK 22 / ihs26b1

- 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

23 How well do you think you are coping?

P2LK 23 / ihs26b2

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

24 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?

P2LK 24 / ihs25b1

- Yes 1
- No 2

25 How often do you feel rushed or pressed for time?

P2LK 25 / ihs26b3

- Always 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

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

P2LK 26 / isc08b

- Very often 1
- Often 2
- Sometimes 3
- Never 4

27 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?	P2LK 27.1 / ihs24b1	<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)?	P2LK 27.2 / ihs24b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety?	P2LK 27.3 / ihs24b3	<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?	P2LK 27.4 / ihs24b4	<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?	P2LK 27.5 / ihs24b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless?	P2LK 27.6 / ihs24b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

28 How well do the following statements describe your personality?

I see myself as someone who...

		Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly
(a) Is reserved; keeps thoughts and feelings to self	P2LK 28.1 / ise30b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Is generally trusting	P2LK 28.2 / ise30b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Tends to be lazy	P2LK 28.3 / ise30b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Is relaxed, handles stress well	P2LK 28.4 / ise30b4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Doesn't like artistic things (plays, music)	P2LK 28.5 / ise30b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Is outgoing, sociable	P2LK 28.6 / ise30b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Tends to find fault with others	P2LK 28.7 / ise30b7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Does things carefully and completely	P2LK 28.8 / ise30b8	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Gets nervous easily	P2LK 28.9 / ise30b9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Has an active imagination	P2LK 28.10 / ise30b10	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

29 Have you ever had any of the following conditions?

P2LK 29 / ihs48b44

1. Yes
2.No

0. No
1.Yes
applies to 29.1-
29.30

		No, never	Yes, as a child only	Yes, as an adult only	Yes, as a child and as an adult	Don't know
(a) Asthma	P2LK 29.1 / ihs48b1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hay fever	P2LK 29.2 / ihs48b2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Eczema	P2LK 29.3 / ihs48b3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Psoriasis	P2LK 29.4 / ihs48b4	<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	P2LK 29.5 / ihs48b5	<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	P2LK 29.6 / ihs48b6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

This question continues over the page

29 Have you ever had any of the following conditions? – (continued)

		No, never	Yes, as a child only	Yes, as an adult only	Yes, as a child and as an adult	Don't know
(g)	Bulimia P2LK 29.7 / ihs48b7	<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 P2LK 29.8 / ihs48b8	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i)	Other diabetes P2LK 29.9 / ihs48b9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j)	Heart disease P2LK 29.10 / ihs48b10	<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 P2LK 29.11 / ihs48b11	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l)	Migraine P2LK 29.12 / ihs48b12	<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 P2LK 29.13 / ihs48b13	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n)	Pelvic inflammatory disease P2LK 29.14 / ihs48b14	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o)	Stomach ulcer P2LK 29.15 / ihs48b15	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(p)	Other chronic pain P2LK 29.16 / ihs48b16	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(q)	A stroke P2LK 29.17 / ihs48b17	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(r)	Rheumatism P2LK 29.18 / ihs48b18	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(s)	Arthritis P2LK 29.19 / ihs48b19	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(t)	Chronic bronchitis or lung problems P2LK 29.20 / ihs48b20	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(u)	Cancer P2LK 29.21 / ihs48b43	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(v)	An alcohol problem P2LK 29.22 / ihs48b30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(w)	Drug addiction P2LK 29.23 / ihs48b31	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(x)	Depression or anxiety P2LK 29.24 / ihs48b32	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(y)	Schizophrenia P2LK 29.25 / ihs48b33	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z)	Bipolar disorder or manic-depression P2LK 29.26 / ihs48b34	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z1)	Postnatal depression P2LK 29.27 / ihs48b35	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z2)	Other mental illness (including short and long term) P2LK 29.28 / ihs48b36	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z3)	Epilepsy or seizures/fits P2LK 29.29 / ihs48b37	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z4)	Language or speech problems P2LK 29.30 / ihs48b42	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

30 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)

	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') P2LK 30.1 / ise26b4a	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Bingo P2LK 30.2 / ise26b4b	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Lotto or lottery games (e.g. Powerball, Oz Lotto) P2LK 30.3 / ise26b4c	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Keno P2LK 30.4 / ise26b4d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Private betting with friends or family (e.g. cards, mah-jong, pool, sports) P2LK 30.5 / ise26b4e	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Poker P2LK 30.6 / ise26b4f	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Casino table games (e.g. blackjack (21), roulette) P2LK 30.7 / ise26b4g	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Poker machines ('pokies') or slots P2LK 30.8 / ise26b4h	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Betting on horse or dog races (but not sweeps) P2LK 30.9 / ise26b4i	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Betting on sports (e.g. football, cricket, eSports gaming tournaments) P2LK 30.10 / ise26b4j	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

31 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) P2LK 31 / ise26b6

- 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 week	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 30 ► Go to Question 33

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

32 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? P2LK 32.1 / ise26b7a	<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? P2LK 32.2 / ise26b7b	<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? P2LK 32.3 / ise26b7c	<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? P2LK 32.4 / ise26b7d	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

32 Thinking about the last 12 months... – (continued)

	Never	Sometimes	Most of the time	Almost always
(e) Have you felt that you might have a problem with gambling? P2LK 32.5 / ise26b7e	<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? P2LK 32.6 / ise26b7f	<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? P2LK 32.7 / ise26b7g	<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? P2LK 32.8 / ise26b7h	<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? P2LK 32.9 / ise26b7i	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

33 Have you ever had a problem with your gambling?

- Yes 1 P2LK 33 / ise26b8
- No 2

34 Has anyone in your family ever had a problem with gambling?

- Yes 1 P2LK 34 / ise26b9
- No 2

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

P2LK 35 / ire06b

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

36 How often...

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)? P2LK 36.1 / ire01b1	<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)? P2LK 36.2 / ire01b2	<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? P2LK 36.3 / ire01b3	<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 parenting issues? P2LK 36.4 / ire15b1	<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? P2LK 36.5 / ire15b2	<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? P2LK 36.6 / ire15b3	<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? P2LK 36.7 / ire15b4	<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? P2LK 36.8 / ire15b5	<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)? P2LK 36.9 / ire01b4	<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? P2LK 36.10 / ire01b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

37 Have you ever been afraid of your spouse/partner?

P2LK 37 / ire16b

Yes 1

No 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.

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

P2LK 38 / ire04b1

1 = Poorly  Extremely well = 5

1 2 3 4 5

39 In general, how satisfied are you with your relationship?

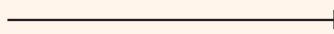
P2LK 39 / ire04b7

1 = Unsatisfied  Very satisfied = 5

1 2 3 4 5

40 How good is your relationship compared to most?

P2LK 40 / ire04b2

1 = Poor  Excellent = 5

1 2 3 4 5

41 How often do you wish you hadn't married or lived together?

P2LK 41 / ire04b3

1 = Never  Very often = 5

1 2 3 4 5

42 To what extent has your marriage or relationship met your original expectations?

P2LK 42 / ire04b4

1 = Hardly at all  Completely = 5

1 2 3 4 5

43 How much do you love your spouse/partner?

P2LK 43 / ire04b5

1 = Not much  Very much = 5

1 2 3 4 5

44 How many problems are there in your relationship?

P2LK 44 / ire04b6

1 = Very few  Very many = 5

1 2 3 4 5

45 Which best describes the degree of happiness, all things considered, in your relationship?

P2LK 45 / ire05b

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfectly happy
<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

Community

46 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 P2LK 46.1 / isc18b1a	<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 P2LK 46.2 / isc18b1b	<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 P2LK 46.3 / isc18b1c	<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 P2LK 46.4 / isc18b1d	<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 P2LK 46.5 / isc18b2a	<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 P2LK 46.6 / isc18b2b	<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 P2LK 46.7 / isc18b2c	<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 P2LK 46.8 / isc18b2d	<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 P2LK 46.9 / isc18b3a	<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 P2LK 46.10 / isc18b3b	<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 P2LK 46.11 / isc18b3c	<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 P2LK 46.12 / isc18b4a	<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 P2LK 46.13 / isc18b4b	<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 P2LK 46.14 / isc18b4c	<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 P2LK 46.15 / isc18b5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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47 Overall, as a parent, do you feel that you are...? P2LK 47 / ipa01b

- Not very good at being a parent... .. 1
- A person who has some trouble in being a parent ... 2
- An average parent 3
- A better parent than average... .. 4
- A very good parent 5

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.

48 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)

- Sport/recreation (e.g. coaching, refereeing)
School and children's groups (e.g. canteen, teacher's aide, play group, childcare)
Community/welfare (e.g. Clean Up Australia, The Smith Family)
Church or religious groups
Emergency services (e.g. firefighting, search and rescue)
Youth/student service/mentoring/leadership/adventure (e.g. Scouts)
Arts/heritage/cultural/music activities (e.g. museum)
Health/health care (e.g. volunteering in a hospital or clinic)
Teaching or training (e.g. TAFE, Community College, Adult Education classes)
Animal welfare (e.g. RSPCA)
Environment (e.g. conservation)
Immigrant/refugee assistance
International aid/development (e.g. Oxfam)
Law/justice/political/human rights (e.g. Amnesty International)
Business/professional associations or unions
Ethnic and Ethnic-Australian societies
Other
None

49 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)

- At least once a week
At least once a fortnight
At least once a month
At least once a year

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

Form for question 50 with input fields for hours and frequency options: per week, per fortnight, per month, per year.

Work and family

- If you are not in paid work, please go to Question 56.
For the next questions, please think about the job in which you work the most hours.

51 If you sometimes need to change the time when you start or finish your workday, is it possible?

- Yes, I am able to work flexible hours
Yes, with approval in special situations
No, not likely
No, definitely not
Don't know

52 Could you get a permanent increase in hours if needed?

- Yes
No
Don't know

53 Could you get a permanent decrease in hours if needed?

- Yes
No
Don't know

54 How secure do you feel in your present job?

- Very secure
Secure
Not very secure
Very insecure

55 How strongly do you agree or disagree with the following 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 P2LK 55.1 / ipw22b	<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) P2LK 55.2 / ipw23b1a	<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) P2LK 55.3 / ipw23b1b	<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 P2LK 55.4 / ipw23b1c	<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 P2LK 55.5 / ipw29b	<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 P2LK 55.6 / ipw23b2a	<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 P2LK 55.7 / ipw23b2b	<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 P2LK 55.8 / ipw23b2c	<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 P2LK 55.9 / ipw23b3a	<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 P2LK 55.10 / ipw23b3b	<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 P2LK 55.11 / ipw23b4a	<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 P2LK 55.12 / ipw23b4b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

56 What is your relationship to the study child?
P2LK 56.1 / ifd23b1

- Mother / female guardian 1
- Father / male guardian 2
- Other (please specify) 3

P2LK 56.2 / ifd23b2

**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).**