



The Longitudinal Study of Australian Children

IN CONFIDENCE

Wave 5
2012

Parent's name:

Study child's name:

Thank you for your ongoing participation in *Growing Up in Australia*, the Longitudinal Study of Australian Children. The study is being conducted in partnership between the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Institute of Family Studies and the Australian Bureau of Statistics, with advice provided by a consortium of leading researchers.

It is very important for this study to have the perspective of both parents/guardians. We really appreciate you finding the time to complete and return this form.

All information collected will be kept strictly confidential. Participation in this study is voluntary.

Instructions

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

	5		9		or		✓
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- If a mistake is made, please correct it this way

<input checked="" type="checkbox"/>	1		Yes		<input checked="" type="checkbox"/>	2		No		6	4	2		5		4		2
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- Where appropriate, you can record '0' in the response box. However, do not use 'nil', 'n/a' or '-'
- When you have completed this form, return it in the reply paid envelope (Reply Paid 76746, Sydney NSW 2000)

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

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 the child's behaviour over the last six months or this school year.

	Not true	Somewhat true	Certainly true
(a) Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, prefers to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries or often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (<i>parents, teachers, other children</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets along better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees work through to the end	<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) Hug or hold this child for no particular reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk it over and reason with this child when he/she misbehaved?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Tell this child how happy he/she makes you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Give this child reasons why rules should be obeyed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Explain to this child why he/she was being corrected?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Have warm, close times together with this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Enjoy listening to this child and doing things with him/her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Feel close to this child both when he/she was happy and when he/she was upset?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Express affection by hugging, kissing and holding this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Explain to this child the consequences of his/her behaviour?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Emphasise to this child the reasons for rules?	<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?	<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?	<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?	<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?	<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?	<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?	<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?	<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?	<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?	<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?	<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?	<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...

	Daily	A few times a week	A few times a month	Rarely	Not at all
(a) Help this child with his/her homework?	<input type="checkbox"/> 1	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Eat an evening meal with this child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Supervise this child brush his/her teeth?	<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?	<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?	<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?	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Do you try to protect this child from life's difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Do you put this child's wants and needs before your own?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Does leaving this child with other people upset you no matter how well you know them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6 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	<input type="checkbox"/> 1	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) I am able to help this child at home with school work that is difficult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7 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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8 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?	<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?	<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?	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9 Overall, as a parent, do you feel that you are...

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

Health and wellbeing**10 In general, would you say your own health is...**

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

11 Have you ever had any of the following conditions? (tick all that apply):

	Never	Yes as a child	Yes as an adult	Ongoing condition	Don't know
(a) Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hay fever	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Eczema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Psoriasis	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Bulimia	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Other diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Heart disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Hypertension (<i>high blood pressure</i>) that you have medication for	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Migraine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

11 Have you ever had any of the following conditions? (tick all that apply): – (continued)

	Never	Yes as a child	Yes as an adult	Ongoing condition	Don't know
(m) Chronic back pain/slipped disc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) Pelvic inflammatory disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) Stomach ulcer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(p) Other chronic pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(q) A stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(r) Rheumatism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(s) Arthritis	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(u) Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(v) An alcohol problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(w) Drug addiction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(x) Depression or anxiety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(y) Schizophrenia	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z1) Postnatal depression	<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)	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z4) Reading problems or dyslexia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z5) Learning problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z6) Problems doing maths or numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z7) Repeating a grade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(z8) Language or speech problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12 Please think about the parental figures you had when you were growing up. These may not be your biological parents.

	Excellent	Very good	Good	Fair	Poor	Don't know
(a) How would you rate your mother's general health?	<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) How would you rate your father's general health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

The next questions are about your own lifestyle.

13 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

14 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

15 About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity? (e.g. walking briskly, riding a bike, gardening, tennis, swimming, running etc.)

days

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

- 1 Very good
 2 Fairly good
 3 Okay/adequate
 4 Fairly bad
 5 Very bad

17 Do you currently smoke cigarettes?

- 1 Yes
 2 No ▶ Go to Question 20

18 Do you smoke at least once per day?

- 1 Yes
 2 No ▶ Go to Question 20

19 How many cigarettes do you usually smoke in one day?

- 1 1 to 5 per day
 2 6 to 10 per day
 3 11 to 20 per day
 4 More than 20 per day

20 How often do you have a drink containing alcohol?

- 1 Never ▶ Go to Question 24
 2 Not in the last year
 3 Monthly or less
 4 2 or 3 times a month
 5 Once a week
 6 2 to 3 times a week
 7 4 to 6 times a week
 8 Every day

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

- 1 1 or 2
 2 3 or 4
 3 5 or 6
 4 7 to 10
 5 11 or more

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

- 1 Every day
 2 4-6 times a week
 3 2-3 times a week
 4 Once a week
 5 2-3 times a month
 6 Monthly or less
 7 Never ▶ Go to Question 24

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

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

24 About how tall are you, without shoes?

cm or feet inches

25 About how much do you weigh?

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

kg or stones pounds

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

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

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

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

hours mins

(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)

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*)

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

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

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

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

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

30 How well do you think you are coping?

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

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?

- 1 Yes
 2 No

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

Always	Often	Sometimes	Rarely	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Very often	Often	Sometimes	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Hopeless (<i>that is, without hope</i>)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Restless or fidgety?	<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?	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

35 How often...

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)?	<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)?	<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?	<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?	<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?	<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?	<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?	<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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

1 Yes

2 No

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.

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

1 = Poorly —————> Extremely well = 5

1 2 3 4 5

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

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

1 2 3 4 5

39 How good is your relationship compared to most?

1 = Poor —————> Excellent = 5

1 2 3 4 5

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

1 = Never —————> Very often = 5

1 2 3 4 5

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

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

1 2 3 4 5

42 How much do you love your spouse/partner?

1 = Not much —————> Very much = 5

1 2 3 4 5

43 How many problems are there in your relationship?

1 = Very few —————> Very many = 5

1 2 3 4 5

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

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

Family

The next few questions are about your parents.

45 In what year was your biological mother born?

year Don't know

46 In what year was your biological father born?

year Don't know

Please think about your parental figures you had when you were growing up. These may not be your biological parents.

47 When you were 14 years old, what was your mother's highest educational qualification?

- 1 University qualification
 2 Diploma/certificate
 3 Trade/apprenticeship
 4 Year 12 or equivalent
 5 Year 11 or equivalent
 6 Year 10 or equivalent
 7 Year 9 or below
 8 Primary school only
 9 Never attended school
 10 Other (please specify)

11 Don't know

48 When you were 14 years old, what was your father's highest educational qualification?

- 1 University qualification
 2 Diploma/certificate
 3 Trade/apprenticeship
 4 Year 12 or equivalent
 5 Year 11 or equivalent
 6 Year 10 or equivalent
 7 Year 9 or below
 8 Primary school only
 9 Never attended school
 10 Other (please specify)

11 Don't know

49 When you were growing up, how much interest did your mother show towards your learning and education? (e.g. helping you with your homework or otherwise encouraging your learning)

- 1 A lot of interest
 2 Some interest
 3 Not much interest
 4 No interest at all
 5 Didn't have a mother

50 When you were growing up, how much interest did your father show towards your learning and education? (e.g. helping you with your homework or otherwise encouraging your learning)

- 1 A lot of interest
 2 Some interest
 3 Not much interest
 4 No interest at all
 5 Didn't have a father

51 When you were growing up, how would you describe your family's financial situation overall?

- 1 Prosperous
 2 Very comfortable
 3 Reasonably comfortable
 4 Just getting along
 5 Poor
 6 Very poor

52 Timing of children's puberty can be related to their parents' own puberty. If you think of the age at which your own puberty began, do you feel that in comparison to your peers you were...

- 1 Way ahead of most other kids
 2 Ahead
 3 About the same age as other kids
 4 Behind
 5 Way behind most other kids

If female...

53 How old were you when your own periods started? years
(Your best guess is fine)

Community

54 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	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(b) Someone to confide in or talk to about yourself or your problems	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(c) Someone to share your most private worries and fears with	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(d) Someone to turn to for suggestions about how to deal with a personal problem	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(e) Someone to help you if you were confined to bed	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(f) Someone to take you to the doctor if you needed it	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(g) Someone to prepare your meals if you were unable to do it yourself	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(h) Someone to help with daily chores if you were sick	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(i) Someone who shows you love and affection	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(j) Someone to love and make you feel wanted	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(k) Someone who hugs you	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(l) Someone to have a good time with	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(m) Someone to get together with for relaxation	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(n) Someone to do something enjoyable with	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
(o) Someone to do things with to help you get your mind off things	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5

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55 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, record '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	<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	<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	<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	<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	<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

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

	Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your parents	<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	<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	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

57 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) If you need information about local services, you know where to find that information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) You are well informed about local affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) You feel a strong sense of identity with your neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) This is a close-knit neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) People in this neighbourhood generally don't get along with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) People in this neighbourhood do not share the same values	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) People in this neighbourhood can be trusted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) People around here are willing to help their neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

58 Do you participate in any ongoing community service activity?
(e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)

1 Yes

2 No

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

1 Never

2 Rarely

3 Occasionally

4 Sometimes

5 Often

6 Very often

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

1 Yes

2 No

Work and family

- If you are not in paid work, please go to Question 67.
- For the next questions, please think about the job in which you work the most hours.

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

hours

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

1 Yes, I am able to work flexible hours

2 Yes, with approval in special situations

3 No, not likely

4 No, definitely not

5 Don't know

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

1 Yes

2 No

3 Don't know

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

1 Yes

2 No

3 Don't know

65 How secure do you feel in your present job?

1 Very secure

2 Secure

3 Not very secure

4 Very insecure

66 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	<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)	<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)	<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	<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	<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	<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	<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	<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	<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	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

67 The following statements are about attitudes toward families and work. How strongly do you agree or disagree with these statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) It is better for the family if the husband is the principal breadwinner outside the home and the wife has primary responsibility for the home and children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) If both husband and wife work, they should share equally in the housework and childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Ideally, there should be as many women as men in important positions in government and business	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Please continue over the page.

Contact details

68 What is your relationship to the study child?

1 Mother / female guardian

2 Father / male guardian

3 Other (*please specify*)

Name: (*please print*)

Work phone:

Mobile:

Signature:

Date: / /

**Thank you for taking the time to fill in this form.
Please return in reply paid envelope supplied.**