

IN CONFIDENCE



WAVE 1 Parent 1

Thank you for agreeing to take part in the **Growing Up in Australia** study.

Please fill out this form with regard to yourself and the child named below.

PARENT'S NAME:

STUDY CHILD'S NAME:

All the information you provide will remain totally confidential. This means that it will never be used in any way that identifies individuals, children or families.

Participation in this study is voluntary. If you have any questions or want more information about the study you can contact *I-view* on **1800 005 508** and mention **Growing Up in Australia**.


PLEASE DO NOT FOLD OR BEND THIS FORM

Mail return to:

**Growing Up in Australia
Reply Paid 1215
EASTERN MC VIC 3110**

Instructions:

Please MARK LIKE THIS ONLY: 

- ◆ Use a blue/black pen or dark pencil, preferably 2B. Do not use red or felt tip pen.
- ◆ If you make a mistake in pencil, please erase fully. If in pen, mark a cross clearly through the incorrect answer like this: 
- ◆ Do not fold or bend this questionnaire.



SECTION A: Child's Personality

The first questions are about the study child's general personality. For **each** question, please fill in **one** oval which best describes the study child at the present time.

		ALMOST NEVER	NOT OFTEN	VARIABLE, USUALLY DOES NOT	VARIABLE, USUALLY DOES	FREQUENTLY	ALMOST ALWAYS	
A1	This baby is pleasant (smiles, laughs) when first arriving in unfamiliar places (friend's house, shop)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01a1
A2	This baby stays still during procedures like hair brushing or nail cutting	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01b1
A3	This baby makes happy sounds (coos, smiles, laughs) when being changed or dressed	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01b2
A4	This baby is fretful on waking up and/or going to sleep (frowns, cries)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01c1
A5	This baby's first reaction (at home) to approach by strangers is acceptance	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01a2
A6	This baby accepts regular procedures (hair brushing, face washing etc) at any time without protest	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01b3
A7	This baby amuses self for 1/2 hour or more in cot or playpen (looking at mobile, playing with toy etc)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01c2
A8	This baby accepts within a few minutes a change in place of bath or person giving the bath	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01a3
A9	This baby can be distracted from fretting or squirming during a procedure (nail cutting, hair brushing etc) by a game, singing, TV etc	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01b4
A10	This baby continues to cry in spite of several minutes of soothing	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01c3
A11	This baby's first reaction to seeing a doctor or infant welfare sister is acceptance (smiles, coos)	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01a4
A12	This baby cries when left to play alone	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	ase01c4

SECTION B: Family and Community

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

	NO CONTACT	RARELY	A FEW TIMES A YEAR	AT LEAST EVERY MONTH	AT LEAST EVERY WEEK	EVERY DAY	DON'T HAVE
B1 Your parents	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B2 Your brothers or sisters	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B3 Your in-laws	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B4 Other family members	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B5 Your friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B6 Your neighbours	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>

How often does the study child see or spend time with the following people?

B7 Grandparents	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B8 Uncles / Aunts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B9 Cousins	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B10 Other family members	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B11 Your friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>
B12 Your neighbours	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	-1 <input type="radio"/>

Thinking about your close family (parents and brothers or sisters) living elsewhere, how do these descriptions fit for you?

	TOTALLY AGREE				TOTALLY DISAGREE	NO FAMILY
B13 I feel closely attached to my family				4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>
B14 My family takes notice of my opinions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>
B15 Sometimes I feel excluded in my own family	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>

Thinking about your friends, how do these descriptions fit for you?

	TOTALLY AGREE				TOTALLY DISAGREE	NO FRIENDS
B16 I feel closely attached to my friends				4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>
B17 My friends take notice of my opinions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>
B18 Sometimes I feel excluded among my friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	-1 <input type="radio"/>

B19 Overall, how do you feel about the amount of support or help you get from **family or friends living elsewhere**?

- 1 I get enough help
- 2 I don't get enough help
- 3 I don't get any help at all
- 1 I don't need any help → Go to B21

B20 How often do you feel that you need support or help but **can't get it from anyone**?

- 1 Very often
- 2 Often
- 3 Sometimes
- 4 Never
- 1 I don't need it

asc07a

asc08a

Now about your local community.

B21 How do you feel about your neighbourhood as a place to bring up children?

VERY GOOD GOOD FAIR POOR VERY POOR

1 2 3 4 5

asc09a

B22-B25: ABELONG

How much do you agree that ...

B22 If you need information about local services, you know where to find that information?

STRONGLY AGREE AGREE NEITHER AGREE NOR DISAGREE DISAGREE STRONGLY DISAGREE

1 2 3 4 5

asc10a1a

B23 You feel a strong sense of identity with your neighbourhood?

1 2 3 4 5

asc10a2a

B24 Most people in your neighbourhood can be trusted?

1 2 3 4 5

asc10a3a

B25 You are well informed about local affairs?

1 2 3 4 5

asc10a4a

B26 Are you involved in any of these types of groups or organisations *in a voluntary (unpaid) capacity?* (this can be as a participant or voluntary worker / office bearer.)

asc11a1a to asc11a1n

Fill in ALL ovals that apply

- a 1 Community / welfare organisations
- b 2 Sport / recreation groups
- c 3 Education / training / youth groups
- d 4 Health organisations
- e 5 Arts / cultural / music activities
- f 6 Business / professional associations or unions
- g 7 Emergency services
- h 8 Environmental / animal welfare groups
- i 9 Law / justice / political groups
- j 10 Church or religious groups
- k 11 Playgroups or pre-schools
- l 12 Child care centres
- m 13 Primary or secondary schools
- n 14 Other groups
- 0 None → Go to B29

B27 How many of these groups are related to your children's activities (eg playgroup, school, sports)?

asc11a2

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5+

B28 How many are located or operating in your local neighbourhood or local community?

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5+

asc11a3

B29 Now thinking about community services you might have used or needed. In the last 12 months, have you used any of these services for the study child?

asc12a1a to asc12a1j

Fill in ALL ovals that apply

- a 1 Playgroup or parent-child group
- b 2 Maternal & child health centre / phone help
- c 3 Maternal & child health nurse visits
- d 4 Paediatrician
- e 5 Other specialist
- f 6 Hospital emergency ward
- g 7 Hospital outpatients clinic
- h 8 GPs
- i 9 Other medical or dental services
- j 10 Other child specific services (specify)

- 0 None of the above

B30 In the last 12 months, have there been any of these services that this child has needed but could not get?

Fill in ALL ovals that apply

asc12a2a
to
asc12a2j

- a 1 Playgroup or parent-child group
- b 2 Maternal & child health centre / phone help
- c 3 Maternal & child health nurse visits
- d 4 Paediatrician
- e 5 Other specialist
- f 6 Hospital emergency ward
- g 7 Hospital outpatients clinic
- h 8 GPs
- i 9 Other medical or dental services
- j 10 Other child specific services (*specify*)

0 None of the above → **Go to B32**

B31 Why couldn't you get the service(s) that you needed for this child?

Fill in ALL ovals that apply

asc12a3a
to
asc12a3k

- a 1 Too expensive
- b 2 Too far away
- c 3 Transport problems
- d 4 Had to wait too long for appointment
- e 5 Hours available or operating
- f 6 Own poor health
- g 7 Child care difficulties
- h 8 Cultural or language reasons
- i 9 Services not available
- j 10 Family reasons
- k 11 Other reasons (*specify*)

B32 In the last 12 months, have you or your family used any of these services?

Fill in ALL ovals that apply

asc13a1a
to
asc13a1s

- a 1 Parent Line / help line
- b 2 Parenting education courses or programs
- c 3 Relationships Australia
- d 4 Other counselling services
- e 5 Parent support groups
- f 6 Bulk-billing GP services
- g 7 Antenatal classes or health services
- h 8 Drug or alcohol services
- i 9 Adult mental health services
- j 10 Migrant or ethnic resources services
- k 11 Housing services
- l 12 Employment services
- m 13 Disability services
- n 14 Charities (eg Salvation Army)
- o 15 Australian Breastfeeding Association
- p 16 Church or religious groups
- q 17 Other medical or dental services
- r 18 Centrelink or Family Assistance Office
- s 19 Other family support services (*specify*)

0 None of the above

B33 In the last 12 months, have there been any of these services that you have needed but could not get?

Fill in ALL ovals that apply

a
b
c
d
e
f
g
h
i
j
k
l
m
n
o
p
q
r
s

- 1 Parent Line / help line
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- 3 Relationships Australia
- 4 Other counselling services
- 5 Parent support groups
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- 7 Antenatal classes or health services
- 8 Drug or alcohol services
- 9 Adult mental health services
- 10 Migrant or ethnic resources services
- 11 Housing services
- 12 Employment services
- 13 Disability services
- 14 Charities (eg Salvation Army)
- 15 Australian Breastfeeding Association
- 16 Church or religious groups
- 17 Other medical or dental
- 18 Centrelink or Family Assistance Office
- 19 Other family support services (*specify*)

asc13a2a
to
asc13a2s

0 None of the above → **Go to Section C**

B34 Why couldn't you get the service(s) that you or your family needed?

Fill in ALL ovals that apply

a
b
c
d
e
f
g
h
i
j
k

- 1 Too expensive
- 2 Too far away
- 3 Transport problems
- 4 Had to wait too long for appointment
- 5 Hours available or operating
- 6 Own poor health
- 7 Child care difficulties
- 8 Cultural or language reasons
- 9 Services not available
- 10 Family reasons
- 11 Other reasons (*specify*)

asc13a3a
to
asc13a3k

SECTION C: Combining Work and Family

C1 At any time in the last month, have you . . .

apw17a1
apw17a2
apw17a3

- 1 Worked for pay in a job, business or farm?
- 2 Worked without pay in a family business?
- 3 Been on leave from a job or business, including maternity leave?
- 4 None of the above → **Go to Section D**

Thinking about the job in which you worked (or usually work) the most hours:

C2 If you could choose the number of hours you work each week (and taking into account how that would affect your income), would you prefer to work . . .

apw18a1

- 1 Fewer hours than you do now?
- 2 About the same hours as you do now?
- 3 More hours than you do now?

C3 If you sometimes need to change the time when you start or finish your workday, is it possible?

apw19a

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

C4 Could you get a permanent change in hours if needed?

apw20a

- 1 Yes, could change to more hours
- 2 Yes, could change to fewer hours
- 3 Yes, could get both
- 4 No, not possible
- 2 Don't know

C5 How secure do you feel in your present job?

apw21a

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

Still thinking about your main job, how much do you agree or disagree with these statements?

C7-C16: AAWFSYN

C6 I have a lot of freedom to decide **how** I do my own work

STRONGLY DISAGREE DISAGREE NEITHER AGREE NOR DISAGREE AGREE STRONGLY AGREE

1 2 3 4 5

apw22a

C7 My working has a positive effect on my child(ren)

1 2 3 4 5

apw23a1a

C8 Working helps me to better appreciate the time that I spend with my child(ren)

1 2 3 4 5

apw23a1b

C9 The fact that I work makes me a better parent

1 2 3 4 5

apw23a1c

C7-C9: AAWKPAR

Having **both work and family responsibilities** ...

STRONGLY DISAGREE DISAGREE NEITHER AGREE NOR DISAGREE AGREE STRONGLY AGREE

- C10 Makes me a more well-rounded person C10-C12: AAWKSLF 4 5 apw23a2a
- C11 Gives my life more variety 1 2 3 4 5 apw23a2b
- C12 Makes me feel competent 1 2 3 4 5 apw23a2c

Because of my **work** responsibilities ...

C13-C14: AAWKFAM

- C13 I have missed out on home or family activities that I would like to have taken part in 1 2 3 4 5 apw23a3a
- C14 My family time is less enjoyable and more pressured 1 2 3 4 5 apw23a3b

Because of my **family** responsibilities ...

C15-C16: AAFAMWK

- C15 I have to turn down work activities or opportunities that I would prefer to take on 1 2 3 4 5 apw23a4a
- C16 The time I spend working is less enjoyable and more pressured 1 2 3 4 5 apw23a4b

SECTION D: Health and Lifestyle

This section is about your own health and feelings about life in general.

D1 In general, would you say your own health is:

ahs13a

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

D2 How many serves of vegetables do you usually eat each day?

ahb13a1a

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

- 0 less than 1
- 1
- 2
- 3
- 4
- 5
- 6 6 or more

D3 How many serves of fruit do you usually eat each day?

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

ahb13a2a

- 0 less than 1
- 1
- 2
- 3
- 4
- 5
- 6 6 or more

D4 How much do you enjoy physical activity or exercise?

ahb14a1

- 1 Not enjoyable
- 2 A little enjoyable
- 3 Moderately enjoyable
- 4 Very enjoyable

D5 About how many days each week do you do at least 30 minutes of moderate or vigorous physical activity (like walking briskly, riding a bike, gardening, tennis, swimming, running, etc)?

ahb14a2

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

D6 How often do you currently smoke cigarettes?

ahb15a1

- 1 Do not smoke at all → *Go to D8*
- 2 Less than once a day → *Go to D8*
- 3 At least once a day

D7 How many cigarettes do you usually smoke in one day?

ahb15a2

Write number cigarettes

D8 Have you ever smoked regularly?

ahb15a3

- 1 Yes
- 2 No

D9 Including yourself, how many people who live with you smoke inside the house?

ahb15a4a

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 or more

D10 Have you ever drunk alcohol?

ahb16a1

- 1 Yes
- 2 No → *FEMALE go to D15*
→ *MALE go to D29*

D11 How often do you have a drink containing alcohol?

ahb16a2

- 0 Have never drunk → *FEMALE go to D15*
- 1 Not in the last year → *MALE go to D29*
- 7 Every day
- 6 4 to 6 times a week
- 5 2 to 3 times a week
- 4 Once a week
- 3 2 to 3 times a month
- 2 Monthly or less

STANDARD DRINKS

 1 285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol	 0.7 285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol	 0.5 285ml Middy/Pot* Light Beer 2.7% Alc./Vol		
 1.5 375ml Schooner† Full Strength Beer 4.9% Alc./Vol	 1 375ml Schooner† Mid Strength Beer 3.5% Alc./Vol	 0.8 375ml Schooner† Light Beer 2.7% Alc./Vol		
 1.5 375ml Full Strength Beer 4.9% Alc./Vol	 1 375ml Mid Strength Beer 3.5% Alc./Vol	 0.8 375ml Light Beer 2.7% Alc./Vol		
 1.5 375ml Pre-mix Spirits 5% Alc./Vol	 1.2 300ml Alcoholic Soda 5% Alc./Vol	 1 30ml Spirit Mip 40% Alc./Vol	 22 700ml Bottle of Spirits 40% Alc./Vol	 1 30ml Alcoholic Shot 40% Alc./Vol
 0.9 60ml Port/Sherry Glass 18% Alc./Vol	 1.5 170ml Average Serve of Sparkling Wine/ Champagne 11.5% Alc./Vol	 1 100ml Small Serve of Wine 12% Alc./Vol	 1.8 180ml Average Restaurant Serve of Wine 12% Alc./Vol	 7 750ml Bottle of Wine 12% Alc./Vol

* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Hardie/Pot; SA = Schooner
 † NSW, VIC, QLD, NT, ACT = Schooner; SA, TAS, WA = Pot

D12 How many standard drinks do you have on a typical day when you are drinking?
SEE PICTURE

ahb16a3

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

D13 Females only

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

- 7 Every day
6 4 to 6 times a week
5 2 to 3 times a week
4 Once a week
3 2 to 3 times a month
2 Monthly or less
1 Not in the last year

ahb16a4 & ahb16a5

D14 Males only

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

- 7 Every day
6 4 to 6 times a week
5 2 to 3 times a week
4 Once a week
3 2 to 3 times a month
2 Monthly or less
1 Not in the last year

ahb16a4 & ahb16a5

SEE: AAAMDAC, AAALCGP, AAHVDAC, AABINGE, AAALCP

D15 Are you the biological mother of the study child?

- 1 Yes → Go to D16
2 No → Go to D29

HEALTH DURING PREGNANCY

D16 During the pregnancy with the study child, did you drink alcohol?

zhb17a2

- 1 Yes
2 No → Go to D21
3 Don't know → Go to D21

On average, how many days per week did you have a drink during this pregnancy?

D17 Days per week in the first three months?

- 0 None
1 1
2 2
3 3
4 4
5 5
6 6
7 7
9 Occasional - not every week

zhb17b1

D18 Days per week in the middle three months?

- 0 None
1 1
2 2
3 3
4 4
5 5
6 6
7 7
9 Occasional - not every week

zhb17b2

D19 Days per week in the last three months?

- 0 None
1 1
2 2
3 3
4 4
5 5
6 6
7 7
9 Occasional - not every week

zhb17b3

D20 On average, about how many standard drinks did you have on the days you did have a drink?
SEE PICTURE

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

zhb17c

D17-D19: AAFALPG, AAVDALPG

D21 During the pregnancy with the study child, did you smoke cigarettes?

zhb18a2

- 1 Yes
- 2 No → Go to D25
- 2 Don't know → Go to D25

On average, about how many cigarettes did you smoke per day during this pregnancy?

D22 Per day in the first three months?

zhb18b1

- 0 None
- 1 Less than 10
- 2 11 - 20
- 3 21 - 30
- 4 31 - 40
- 5 41 - 50
- 6 51 or more
- 9 Occasional - not every day

D23 Per day in the middle three months?

zhb18b2

- 0 None
- 1 Less than 10
- 2 11 - 20
- 3 21 - 30
- 4 31 - 40
- 5 41 - 50
- 6 51 or more
- 9 Occasional - not every day

D24 Per day in the last three months?

zhb18b3

- 0 None
- 1 Less than 10
- 2 11 - 20
- 3 21 - 30
- 4 31 - 40
- 5 41 - 50
- 6 51 or more
- 9 Occasional - not every day

D22-D24: AAVDCGPG

D25 During this pregnancy, did you have diabetes?

zhb19a

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

D26 During this pregnancy, did you have high blood pressure needing treatment (admission to hospital or medication)?

zhb19b

- 1 Yes
- 2 No

D27 During this pregnancy, did you have other physical health problems?

zhb19c

- 1 Yes
- 2 No

D28 During this pregnancy, did you have problems with stress, anxiety or depression?

zhb19d1

- 1 Yes
- 2 No

D29 About how tall are you, without shoes?

Write number

cms

OR

feet and inches

ahs23a1

D30 About how much do you weigh?
(Note: If pregnant at the moment, write in your usual weight when not pregnant.)

Write number

kg

OR

st and lb

ahs23a2

AABMI, AAWTST

D31-D36: AAK6

		ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	
D31	Did you feel nervous?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a1
D32	Did you feel hopeless?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a2
D33	Did you feel restless or fidgety?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a3
D34	Did you feel that everything was an effort?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a4
D35	Did you feel so sad that nothing could cheer you up?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a5
D36	Did you feel worthless?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	ahs24a6

D37 In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed, or lost pleasure in things that you usually cared about or enjoyed?

ahs25a1

- 1 Yes
2 No

D38 Have you ever had 2 or more years in your life when you felt depressed or sad most days, even if you felt okay sometimes?

ahs25a2

- 1 Yes
2 No

D39 How difficult do you feel your life is at present?

ahs26a1

- 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

D40 How well do you think you are coping?

ahs26a2

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

D41 How often do you feel rushed or pressed for time?

ahs26a3

- 1 Always
2 Often
3 Sometimes
4 Rarely
5 Never

In the last year, have any of the following happened to you?

D42-D60 excl. 57: ASLE

	YES	NO	
D42 You suffered a serious illness, injury or assault	1 <input type="radio"/>	0 <input type="radio"/>	ahs27a
D43 A serious illness, injury or assault happened to a close relative	1 <input type="radio"/>	0 <input type="radio"/>	ahs27b
D44 Your parent, partner or child died	1 <input type="radio"/>	0 <input type="radio"/>	ahs27c
D45 A close family friend or another relative (aunt, cousin, grandparent) died	1 <input type="radio"/>	0 <input type="radio"/>	ahs27d
D46 You broke off a steady romantic relationship	1 <input type="radio"/>	0 <input type="radio"/>	ahs27e
D47 You had a serious problem with a close friend, neighbour or relative	1 <input type="radio"/>	0 <input type="radio"/>	ahs27f
D48 You had a crisis or serious disappointment in your work or career	1 <input type="radio"/>	0 <input type="radio"/>	ahs27g
D49 You thought you would soon lose your job	1 <input type="radio"/>	0 <input type="radio"/>	ahs27h
D50 You lost your job, but not from choice (sacked / redundant, contract ended)	1 <input type="radio"/>	0 <input type="radio"/>	ahs27i
D51 You were seeking work unsuccessfully for more than one month	1 <input type="radio"/>	0 <input type="radio"/>	ahs27i
D52 You had a major financial crisis	1 <input type="radio"/>	0 <input type="radio"/>	ahs27k
D53 You had problems with the police and a court appearance	1 <input type="radio"/>	0 <input type="radio"/>	ahs27l
D54 Something you valued was lost or stolen	1 <input type="radio"/>	0 <input type="radio"/>	ahs27m
D55 Someone in your household had an alcohol problem	1 <input type="radio"/>	0 <input type="radio"/>	ahs27n1
D56 Someone in your household had a drug-use problem	1 <input type="radio"/>	0 <input type="radio"/>	ahs27n2

D57 Have you lived with a partner for 3 months or more during the last year?

aid19

1 Yes → *Go to D58*

2 No → *Go to Section E*

Have any of the following happened with your partner during the last year?

	YES	NO	
D58 Your partner lost his / her job, but not from choice (sacked / redundant, contract ended)	1 <input type="radio"/>	0 <input type="radio"/>	ahs27i2
D59 Your partner was seeking work unsuccessfully for more than one month	1 <input type="radio"/>	0 <input type="radio"/>	ahs27i2
D60 You had a separation due to relationship or marital difficulties	1 <input type="radio"/>	0 <input type="radio"/>	ahs27o

SECTION E: Couple Relationships

E1 Are you currently living with a partner?

- 1 Yes → *Go to E2*
 2 No → *No more questions - go to page 15*

aid20

E2-E4: AACOPAR

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS	
E2 How often is your partner a resource or support to you in raising your child(ren)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are01a1
E3 How often are you a resource or support to your partner in raising your child(ren)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are01a2
E4 How often do you feel your partner understands and is supportive of your needs as a parent?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are01a3

Thinking about how you and your partner look after the family and house:

	I DO MUCH LESS THAN MY FAIR SHARE	I DO LESS THAN MY FAIR SHARE	I DO MY FAIR SHARE	I DO MORE THAN MY FAIR SHARE	I DO MUCH MORE THAN MY FAIR SHARE	
E5 Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are02a1a
E6 Do you think that you do your fair share of the domestic tasks (housework, home maintenance, shopping and cooking)?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are02a2a

E7-E10: AAARGA

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS	
E7 How often do you and your partner disagree about basic child-rearing issues?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are15a1
E8 How often is your conversation awkward or stressful?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are15a2
E9 How often do you argue?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are15a3
E10 How often is there anger or hostility between you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are15a4
E11 How often do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	are15a5

Please answer the next questions without thinking too long about your response - your first response is usually the best. Mark the oval which best describes your answer from the scales shown below each question.

E12-E17: AAHEND

E12 How well does your partner meet your needs?
poorly 1 2 3 4 5 extremely well

E13 How good is your relationship compared to most?
poor 1 2 3 4 5 excellent

E14 How often do you wish you hadn't married or lived together?
never 1 2 3 4 5 very often

E15 To what extent has your marriage or relationship met your original expectations?
hardly at all 1 2 3 4 5 completely

E16 How much do you love your partner?
not much 1 2 3 4 5 very, very much

E17 How many problems are there in your relationship?
very few 1 2 3 4 5 very many

E18 Which best describes the degree of happiness, all things considered, in your relationship?

1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfectly happy

Z1 Do you have any final comments you'd like to make about yourself or the study child?

Please complete the information below if you have filled in this survey on behalf of the child's parent / caregiver.

Z2 Your name:

Z3 Relationship to parent / caregiver:

Z4 Reason for filling in this form on behalf of the parent / caregiver:

Thank you for taking the time to fill in this form.

Please place in the envelope provided and *either* hand back to the interviewer *or* post back to I-view.

**Growing Up in Australia
Reply Paid 1215
EASTERN MC VIC 3110**

*Growing Up
in Australia*



1 VALID DATA ITEM RESPONSE

2 TOTAL DATA ITEM NON-RESPONSE