

# IN CONFIDENCE

Please tell us how your child has been getting on since we saw you!

Please complete this and send back in the envelope provided OR go to [www.iview.com.au/growingup](http://www.iview.com.au/growingup) and fill it out there.

## INSTRUCTIONS

- Use a blue/black pen or dark pencil, NOT red or felt tip pen
- Please mark like:
- If you make a mistake, cross clearly through the incorrect answer like this:   then mark the correct one

- 1 Is your child currently attending:** cpc06i1
- Preschool** (in your state/territory, this may be called kindergarten)..... Mark one oval only 1  → Go to **2**
- A preparatory year in primary school** (in your state/territory, this may be called preparatory, reception, transition or kindergarten)..... 2  → Go to **3**
- Grade 1 / Year 1 in primary school**..... 3  → Go to **3**
- None of the above..... 4  → Go to **7**
- 2 Is the preschool/kindergarten in a childcare centre?**
- 1  Yes cpc57
- 2  No
- 3 Since your child started school or preschool this year, how often has he/she appeared to look forward to going to (pre-) school?**
- 1  Most days cpc29ai
- 2  At least once a week
- 3  At least once a month
- 4  Rarely or not at all
- 4 Since your child started school or preschool this year, how often has he/she appeared upset or reluctant to go to (pre-) school?**
- 1  Most days cpc29bi
- 2  At least once a week
- 3  At least once a month
- 4  Rarely or not at all
- 5 How much does your child like his/her teacher(s)?** cpc29ci
- 1  Not at all
- 2  A little
- 3  Quite a bit
- 4  A lot
- 6 How well does your child's teacher or (pre-) school let you know about your child's progress in the class?** che14ai
- 1  Very well
- 2  Well
- 3  Just OK
- 4  Not done at all
- 7 On average, about how many minutes per day is your child doing reading activities at home either with an adult or by himself/herself?** che19i
- Do not include writing activities.
- 1  Less than 10 minutes/day
- 2  11 - 20 minutes/day
- 3  21 - 40 minutes/day
- 4  More than 40 minutes/day

- 8 Compared to other children his/her age, how well does your child play and work by himself/herself?** clc14i
- 1  Not as well as other children
- 2  About the same as other children
- 3  Better than other children
- 9 Compared to other children his/her age, do you think your child is:** cse06i
- 1  Easier than average
- 2  About average
- 3  More difficult than average
- 10 Do you have any concerns about how:**
- a) your child behaves?** cgd01c1i
- 1  No      2  Yes      3  A little
- b) your child gets along with others?** cgd01c2i
- 1  No      2  Yes      3  A little
- c) your child is learning to do things for himself/herself?** cgd01c3i
- 1  No      2  Yes      3  A little
- d) your child is learning (pre-) school skills?** cgd01c4i
- 1  No      2  Yes      3  A little
- 11 What types of regular childcare does your child currently have?** Don't include casual babysitting. cpc39li to cpc39ci
- tick all that apply
- li  1  Before or after school care at school
- ai  2  Child care centre
- bi  3  Care by a Family Day Care provider
- ji  4  Other home based care (nanny, grandparent, parent who does not live with child, other relative, friend)
- ci  5  Occasional care centre (gym, leisure or community centre)
- 12 Excluding any time at school or preschool, how many hours does your child spend being looked after by someone other than you or your partner in a typical week?** Include care by other parent if they don't live with you but don't include casual babysitting. cpc09i2
- 1  None
- 2  Less than 5 hours
- 3  5 - 9 hours
- 4  10 - 19 hours
- 5  20 hours or more
- 13 In the last 12 months, how many times did your child need medical attention from a doctor or hospital because he/she was hurt, injured or had an accident?** chs18ai
- 1  None
- 2  Once
- 3  2 or 3 times
- 4  4 or 5 times
- 5  6 or more times
- 14 How much is your child's sleeping pattern or habits a problem for you?** chs20ai
- 1  A large problem
- 2  A moderate problem
- 3  A small problem
- 4  No problem at all

**15** Does your child have any of these problems on 4 or more nights a week, that is, more than half the time?

b1i  
b2i  
b3i  
b4i  
b5i  
b6i  
i10

- tick all that apply
- 1  Wheezing or asthma
  - 2  Snoring or difficulty breathing
  - 3  Difficulty getting off to sleep at night
  - 4  Not happy to sleep alone
  - 5  Waking during the night
  - 6  Restless sleep
  - 7  Seeming tired in the morning

chs20b1i  
to  
chs20i10

**16** How often in the last 6 months has your child accidentally wet his/her pants during the daytime?

- 1  Never
- 2  Up to once per month
- 3  Up to once per week
- 4  Most days

chs34i

**17** In general, how would you say your child's current health is?

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

chs13ci

ASLEB: pi to wi

**18** In the last 12 months have you or your partner:

pi  
ci  
ai  
oi  
ri  
ii  
si  
ti  
ui  
ji  
vi  
wi

- tick all that apply
- 1  Become pregnant or had a baby
  - 2  Had a member of your family or close friend die
  - 3  Suffered a serious illness, injury or assault
  - 4  Separated from a partner/spouse
  - 5  Started living with a new partner/spouse
  - 6  Lost a job
  - 7  Changed jobs or returned to work
  - 8  Increased work hours
  - 9  Decreased work hours
  - 10  Sought work unsuccessfully for more than 1 month
  - 11  Moved house
  - 12  Been away from home a lot

chs27pi  
to  
chs27wi

**19** In the last 12 months, 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?

- 1  Yes
- 2  No

chs25a1i

**20** Please describe what you really like about your child. Add another page if you wish.


**Declaration**  
This information is being collected as part of the *Growing Up in Australia* study by contracted research consultants on behalf of the Australian Institute of Family Studies (AIFS) for the Australian Government, and will be used to further our understanding of early childhood development and help government agencies plan future policies and services.  
All information collected will be kept strictly confidential and will only be disclosed to subsequent research consultants for future phases of this study.  
To ensure your privacy is maintained, only non-identifiable data will be released to researchers and policy makers for analysis and only combined results will be published.  
Participation in this study is voluntary. You may withdraw from this study at any time or choose not to take part in some aspects. Any queries can be directed to 1800 005 508.

**21** Who completed this form?

- 1  Child's mother
- 2  Child's father
- 3  Someone else

cid38

Your signature: \_\_\_\_\_

Today's date:  /  / 2005

cdatinti

**THANK YOU** for completing this questionnaire. Please send it to us in the reply-paid envelope provided or to Reply Paid 1215, Eastern MC, Vic 3110. No stamps needed!