

IN CONFIDENCE



Wave 2
2006

Parent 1

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

Parent's name:

Study child's name:

Thank you for your ongoing participation in *Growing up in Australia*. The study is being run by the Australian Institute of Family Studies on behalf of the Australian government, with data collected for the Institute by the Australian Bureau of Statistics.

All information collected will be kept strictly confidential (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual information will be released to any person or department except at your written request and on your authorisation. Participation in this study is voluntary.



If you have any questions or want more information, please call **1800 005 508**.

Your interviewer will arrange to collect your forms or you may return the forms using the reply paid envelope provided (Reply Paid 76746, Sydney NSW 2000).

Please read this first

- **Important:** This form will be read using electronic equipment.
- Use **black** pen when completing this form.
- Keep each number or tick **within** the data entry boxes provided, for example

		2	8	5
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or

- Leave answer boxes blank where you have no response or data to enter, for example

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- Do **not** use 'nil', 'n/a' or '-'
- Tick one box only unless otherwise instructed.

About your child

Tick one box per row only

1 For each statement, please tick the answer that best describes the study child's behaviour at the present time:

Almost never	Not often	Variable, usually does not	Variable, usually does	Frequently	Almost always
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- (a) This child is pleasant (smiles, laughs) when first arriving in unfamiliar places 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (b) This child plays continuously for more than 10 minutes at a time with a favourite toy 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (c) This child responds to frustration intensely (screams, yells) 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (d) This child smiles when an unfamiliar adult plays with him/her 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (e) This child goes back to the same activity after a brief interruption (snack, trip to toilet) 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (f) This child has moody "off" days when he/she is irritable all day 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (g) This child is outgoing with adult strangers outside the home 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (h) This child stays with a routine task (dressing, picking up toys) for 5 minutes or more 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (i) This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (j) This child is still wary of strangers after 15 minutes 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (k) This child stops to examine objects thoroughly (5 minutes or more) 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (l) This child reacts strongly (cries, screams) when unable to complete a play activity 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (m) This child practices a new skill (throwing, building, drawing) for 10 or more minutes 1... .. 2... .. 3... .. 4... .. 5... .. 6

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2 Overall, compared to other children of the same age, do you think this child is...?

- Easier than average 1
- About average 2
- More difficult than average 3

Tick one box per row only

3 In the past one month, how often would you say that the study child has had a problem with...?

	Never	Almost never	Sometimes	Often	Almost always	Not sure
(a) Walking	<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) Running	<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) Taking part in active play or exercise	<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) Lifting something heavy	<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) Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(f) Helping to pick up his/her toys	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Having hurts or aches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(h) Having a low energy level/tired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(i) Feeling afraid or scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(j) Feeling sad or blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(k) Feeling angry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(l) Trouble sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(m) Worrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(n) Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(o) Other children not wanting to play with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(p) Getting teased by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(q) Not being able to do things that other children his/her age can do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(r) Keeping up when playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(s) Doing the same activities as other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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4 How often does this child ...?

	Never	Sometimes	Always
(a) Carry out a simple instruction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Ask for a question to be repeated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Follow a conversation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Pass on simple messages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Clearly explain things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Use speech that is easily understood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

5 Please tick all the words you have heard the study child use. (Children understand many more words than they can say. We are particularly interested in the words this child **says**. If this child uses different pronunciation of a word, mark it anyway. This is only a sample of words; this child may know many other words not on the list.)

- | | | | |
|--|---|---|---|
| (1) dinosaur <input type="checkbox"/> | (26) glass <input type="checkbox"/> | (51) drop <input type="checkbox"/> | (76) before <input type="checkbox"/> |
| (2) donkey <input type="checkbox"/> | (27) ladder <input type="checkbox"/> | (52) fasten <input type="checkbox"/> | (77) then <input type="checkbox"/> |
| (3) kangaroo <input type="checkbox"/> | (28) material <input type="checkbox"/> | (53) forget/forgot <input type="checkbox"/> | (78) today <input type="checkbox"/> |
| (4) castle <input type="checkbox"/> | (29) stamp <input type="checkbox"/> | (54) hate <input type="checkbox"/> | (79) week <input type="checkbox"/> |
| (5) drum <input type="checkbox"/> | (30) tyre <input type="checkbox"/> | (55) hurry <input type="checkbox"/> | (80) yesterday ... <input type="checkbox"/> |
| (6) football <input type="checkbox"/> | (31) furniture ... <input type="checkbox"/> | (56) leave <input type="checkbox"/> | (81) their <input type="checkbox"/> |
| (7) microscope ... <input type="checkbox"/> | (32) kitchen <input type="checkbox"/> | (57) measure ... <input type="checkbox"/> | (82) they <input type="checkbox"/> |
| (8) tricycle <input type="checkbox"/> | (33) sofa/couch ... <input type="checkbox"/> | (58) peel <input type="checkbox"/> | (83) those <input type="checkbox"/> |
| (9) wagon <input type="checkbox"/> | (34) cloud <input type="checkbox"/> | (59) promise <input type="checkbox"/> | (84) yourself <input type="checkbox"/> |
| (10) lemon <input type="checkbox"/> | (35) fence <input type="checkbox"/> | (60) skate <input type="checkbox"/> | (85) why <input type="checkbox"/> |
| (11) peanut <input type="checkbox"/> | (36) hose <input type="checkbox"/> | (61) sneeze <input type="checkbox"/> | (86) about <input type="checkbox"/> |
| (12) biscuit <input type="checkbox"/> | (37) footpath ... <input type="checkbox"/> | (62) somersault ... <input type="checkbox"/> | (87) above <input type="checkbox"/> |
| (13) salt <input type="checkbox"/> | (38) zoo <input type="checkbox"/> | (63) think <input type="checkbox"/> | (88) between ... <input type="checkbox"/> |
| (14) sauce <input type="checkbox"/> | (39) child <input type="checkbox"/> | (64) black <input type="checkbox"/> | (89) on top of ... <input type="checkbox"/> |
| (15) vanilla <input type="checkbox"/> | (40) cowboy ... <input type="checkbox"/> | (65) bored <input type="checkbox"/> | (90) each <input type="checkbox"/> |
| (16) vegetable <input type="checkbox"/> | (41) family <input type="checkbox"/> | (66) deep <input type="checkbox"/> | (91) every <input type="checkbox"/> |
| (17) beads <input type="checkbox"/> | (42) farmer <input type="checkbox"/> | (67) different ... <input type="checkbox"/> | (92) none <input type="checkbox"/> |
| (18) jeans <input type="checkbox"/> | (43) nobody <input type="checkbox"/> | (68) empty <input type="checkbox"/> | (93) might <input type="checkbox"/> |
| (19) elbow <input type="checkbox"/> | (44) nurse <input type="checkbox"/> | (69) expensive ... <input type="checkbox"/> | (94) need to <input type="checkbox"/> |
| (20) finger (nail) <input type="checkbox"/> | (45) accident ... <input type="checkbox"/> | (70) fine <input type="checkbox"/> | (95) were <input type="checkbox"/> |
| (21) thumb <input type="checkbox"/> | (46) circle <input type="checkbox"/> | (71) half <input type="checkbox"/> | (96) although ... <input type="checkbox"/> |
| (22) bandaid/bandage <input type="checkbox"/> | (47) front <input type="checkbox"/> | (72) long <input type="checkbox"/> | (97) because ... <input type="checkbox"/> |
| (23) blade <input type="checkbox"/> | (48) idea <input type="checkbox"/> | (73) lost <input type="checkbox"/> | (98) however ... <input type="checkbox"/> |
| (24) computer <input type="checkbox"/> | (49) camping <input type="checkbox"/> | (74) angry <input type="checkbox"/> | |
| (25) jar <input type="checkbox"/> | (50) catch <input type="checkbox"/> | (75) peculiar <input type="checkbox"/> | |

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6 For each pair of sentences below, tick the box next to the sentence that sounds most like the way the study child talks at the moment: (If this child is saying sentences even more complicated than the two provided, please mark the second one.)

(a) *(Talking about something that already happened)*

Daddy pick me up ... ₁ ... or ... ₂ ... Daddy picked me up

(b) That my truck ... ₁ ... or ... ₂ ... That's my truck

(c) Coffee hot ... ₁ ... or ... ₂ ... That coffee hot

(d) I like read stories ... ₁ ... or ... ₂ ... I like to read stories

(e) Don't read book ... ₁ ... or ... ₂ ... Don't want you read that book

(f) Why he run away? ... ₁ ... or ... ₂ ... Why did he run away?

(g) He did it ... ₁ ... or ... ₂ ... I know who did it

(h) We got to go now ... ₁ ... or ... ₂ ... I think we got to go now

(i) I want truck ... ₁ ... or ... ₂ ... I want truck like Tommy has

(j) This dolly big ... ₁ ... or ... ₂ ... This dolly big and this dolly little

(k) This pig have a broken leg ... ₁ ... or ... ₂ ... This pig have a broken leg but kitty don't

(l) It got broken ... ₁ ... or ... ₂ ... It got broken by the car

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Parenting

The next questions are about being a parent. There are no right or wrong answers, we are just asking about parents' views on child-rearing.

Tick one box per row only

Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost always
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7 How often...?

(a) Does this child behave in a manner different from the way you want him/her to ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(b) Do you think that this child's behaviour is more than you can handle ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(c) Do you feel that you are good at getting this child to do what you want him/her to do ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(d) Do you feel that you are in control and on top of things when you are caring for this child ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(e) Do you try to protect this child from life's difficulties ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(f) Do you put this child's wants and needs before your own ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

(g) Does leaving this child with other people upset you no matter how well you know them ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

Tick one box per row only

Once a day or more	A few times a week	A few times a month	Rarely	Not at all
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8 In the past month how often did you...?

- (a) Get this child ready for bed or put him/her to bed ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Change this child's nappies or help this child use the toilet ... 1 ... 2 ... 3 ... 4 ... 5
- (c) Give this child a bath or shower ... 1 ... 2 ... 3 ... 4 ... 5
- (d) Help this child get dressed ... 1 ... 2 ... 3 ... 4 ... 5
- (e) Eat an evening meal with this child ... 1 ... 2 ... 3 ... 4 ... 5
- (f) Assist this child with eating ... 1 ... 2 ... 3 ... 4 ... 5
- (g) Help this child brush his/her teeth ... 1 ... 2 ... 3 ... 4 ... 5

9 When parents spend time with their children, sometimes things go well and sometimes they don't. In the past six months, how often would you say...?

1 = Not at all
→
 All the time = 10

- (a) I have been angry with this child ... 1 2 3 4 5 6 7 8 9 10
- (b) I have raised my voice with or shouted at this child ... 1 2 3 4 5 6 7 8 9 10
- (c) When this child cries, he/she gets on my nerves ... 1 2 3 4 5 6 7 8 9 10
- (d) I have lost my temper with this child ... 1 2 3 4 5 6 7 8 9 10
- (e) I have left this child alone in his/her bedroom when he/she was particularly irritable or upset ... 1 2 3 4 5 6 7 8 9 10

About yourself

10 In general, would you say your own health is...?

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

11 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

12 About how much do you weigh? (If pregnant at this time, write in your usual weight when not pregnant.)

kgs or stones pounds

13 About how tall are you, without shoes?

cm or feet inches

14 Do you currently smoke cigarettes?


Yes 1

No 2 ▶ Go to Question 16

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

- Less than one a 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 5

16 How often do you have a drink containing alcohol?

- Never 0  Go to Question 19
- Not in the last year 1
- Monthly or less 2
- 2 to 3 times a month 3
- Once a week 4
- 2 to 3 times a week 5
- 4 to 6 times a week 6
- Every day 7

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

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

18 How often do you have 5 or more standard drinks on one occasion (if female) or 7 or more standard drinks on one occasion (if male)?

- Every day 1
- 4-6 times a week 2
- 2-3 times a week 3
- Once a week 4
- 2-3 times a month 5
- Monthly or less 6

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

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

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



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

21 Do you have any biological or adopted children who do not live with you?


- Yes 1
- No 2  Go to Question 23

22 How many children do you have living elsewhere?

23 Are you the study child's biological parent?

- Yes 1  Go to Question 24
- No 2  Go to Question 25

24 Before the birth of the study child how many partners did you live with for 3 months or more, not counting the child's other parent?

 Go to Question 26

25 Before living with the study child how many partners did you live with for 3 months or more, not counting the child's parent?

26 Are you currently living with a partner?

Yes 1

No 2 ▶ Go to Question 31

27 How much time per week do you personally spend on domestic tasks such as housework, home maintenance, shopping and cooking? (If you do not do any of these activities, write '0' in the hours box.)

hours minutes

28 How much time per week do you personally spend playing with your children, helping them with personal care, teaching, coaching or actively supervising them, getting them to childcare, school or other activities? (If you do not do any of these activities, write '0' in the hours box.)

hours minutes

29 Do you think that you do your fair share of the domestic tasks? (e.g. housework, home maintenance, shopping and cooking)

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

30 Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

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

31 In the last year, have any of the following happened to you (or your partner)?

Tick all that apply

- (a) Birth of a child/pregnancy ...
- (b) Suffered a serious illness, injury or assault ...
- (c) A serious illness, injury or assault happened to a close relative ...
- (d) A parent, partner or child died ...
- (e) A close family friend or another relative (aunt, cousin, grandparent) died ...
- (f) Broke off a steady romantic relationship ...
- (g) Had someone new (other than a new baby or partner) move into the household (e.g. new stepchild, foster child, other relative, friend or boarder) ...
- (h) Had a serious problem with a close friend, neighbour or family member ...
- (i) Had a major financial crisis ...
- (j) Had a crisis or serious disappointment in your work career ...
- (k) Thought you would soon lose your job ...
- (l) Lost your job, but not from choice (e.g. sacked, redundant, contract ended) ...
- (m) Were seeking work unsuccessfully for one month or more ...
- (n) Had problems with the police and a court appearance ...
- (o) Something you valued was lost or stolen ...
- (p) Someone in your household had an alcohol or drug problem ...
- (q) None of the above ...

Your family background

32 Overall, how would you describe your childhood?

- Very happy 1
- Pretty happy 2
- Unhappy 3
- Very unhappy 4
- Can't remember childhood 5

33 Have your parents permanently separated or divorced?

- Yes 1
- No 2 Go to Question 35
- Never lived together 3 Go to Question 35
- Don't know 4 Go to Question 35

34 How old were you when this happened? (If your parents separated before divorce, enter your age when they separated. If less than one year of age at the time, record as '01').

years

35 In general, how much conflict and tension was there in your household while you were growing up?

- A lot 1
- A little 2
- None 3

36 Did your father (or father figure) suffer from nervous or emotional trouble or depression?

- Yes 1
- No 2

37 Did your father (or father figure) have trouble with drinking or other drug use?

- Yes 1
- No 2

38 Did your mother (or mother figure) suffer from nervous or emotional trouble or depression?

- Yes 1
- No 2

39 Did your mother (or mother figure) have trouble with drinking or other drug use?

- Yes 1
- No 2

Family and community

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

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

Tick one box per row only

No contact	Rarely	A few times a year	At least every month	At least every week	Every day	Don't have
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- (a) Your parents 1..... 2..... 3..... 4..... 5..... 6..... 7
- (b) Your partner/spouse's parents 1..... 2..... 3..... 4..... 5..... 6..... 7
- (c) Other family members 1..... 2..... 3..... 4..... 5..... 6..... 7
- (d) Your friends 1..... 2..... 3..... 4..... 5..... 6..... 7
- (e) Your neighbours 1..... 2..... 3..... 4..... 5..... 6..... 7

Tick one box per row only

41 How often does the study child get together with, see, or spend time with the following people?

No contact	Rarely	A few times a year	At least every month	At least every week	Every day	Don't have
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- (a) Your parents 1. 2. 3. 4. 5. 6. 7.
- (b) Your partner/spouse's parents 1. 2. 3. 4. 5. 6. 7.
- (c) Other family members 1. 2. 3. 4. 5. 6. 7.
- (d) Your friends 1. 2. 3. 4. 5. 6. 7.
- (e) Your neighbours 1. 2. 3. 4. 5. 6. 7.

42 How often do the following people support you in raising your children?

Always	Often	Sometimes	Rarely	Never	Don't have
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- (a) Your partner/spouse 1. 2. 3. 4. 5. 6.
- (b) Your parents 1. 2. 3. 4. 5. 6.
- (c) Your partner/spouse's parents 1. 2. 3. 4. 5. 6.
- (d) Other family members 1. 2. 3. 4. 5. 6.
- (e) Your friends 1. 2. 3. 4. 5. 6.
- (f) Your neighbours 1. 2. 3. 4. 5. 6.

43 How strongly do you agree or disagree with these statements about your neighbourhood?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
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- (a) This is a safe neighbourhood 1. 2. 3. 4. 5.
- (b) This is a clean neighbourhood 1. 2. 3. 4. 5.
- (c) There are good parks, playgrounds and play spaces in this neighbourhood 1. 2. 3. 4. 5.
- (d) There is good street lighting in this neighbourhood 1. 2. 3. 4. 5.
- (e) The state of the footpaths and roads is good in this neighbourhood 1. 2. 3. 4. 5.
- (f) There is access to close, affordable, regular public transport in this neighbourhood 1. 2. 3. 4. 5.
- (g) There is access to basic shopping facilities in this neighbourhood 1. 2. 3. 4. 5.
- (h) There is access to basic services such as banks, medical clinics, etc. in this neighbourhood 1. 2. 3. 4. 5.
- (i) There is heavy traffic on my street or road 1. 2. 3. 4. 5.
- (j) It is safe for children to play outside during the day 1. 2. 3. 4. 5.
- (k) People around here are willing to help their neighbours ... 1. 2. 3. 4. 5.

Tick one box per row only

44 How strongly do you agree or disagree that...?

Strongly agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
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- (a) If you need information about local services, you know where to find that information ... 1... 2... 3... 4... 5
- (b) You are well informed about local affairs ... 1... 2... 3... 4... 5
- (c) You feel a strong sense of identity with your neighbourhood ... 1... 2... 3... 4... 5
- (d) Most people in your neighbourhood can be trusted ... 1... 2... 3... 4... 5

45 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)

- Yes 1
- No 2

46 In the last 12 months, has anyone in this family used any of these services?

Tick all that apply

- (a) Parenting education courses or programs
- (b) Other counselling services ...
- (c) Parent support groups, Parentline ...
- (d) Drug or alcohol services ...
- (e) Adult mental health services ...
- (f) Migrant or ethnic resources services
- (g) Housing services ...
- (h) Disability services ...
- (i) Charities (e.g. Salvation Army) ...
- (j) Church or religious groups ...
- (k) Other family support services ...
- (l) None of the above ...

47 In the last 12 months, have there been any of the services listed above that anyone in this family has needed but could not get?

- Yes 1
- No 2

48 In the last 12 months, have you used any of these services for the study child?

Tick all that apply

- (a) Play group or parent-child group ...
- (b) Maternal and child health nurse ...
- (c) Hospital emergency ward ...
- (d) Hospital outpatients clinic ...
- (e) GP services ...
- (f) Speech therapy ...
- (g) Dental services ...
- (h) Paediatrician ...
- (i) Early education services ...
- (j) Guidance counsellor ...
- (k) Other psychiatric or behavioural services
- (l) Other medical specialist ...
- (m) Other medical services ...
- (n) Other child specific services ...
- (o) None of the above ...

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

- Yes 1
- No 2

Only complete these questions if you are currently in paid work. If you are not in paid work, there are no more questions. When you answer the questions below, please think about the job in which you work, or usually work the most hours.

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

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 ... 1
- Yes, with approval in special situations ... 2
- No, not likely ... 3
- No, definitely not ... 4
- Don't know ... 5

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

- Yes, could change to more hours ... 1
- Yes, could change to fewer hours ... 2
- Yes, could get both ... 3
- No, not possible ... 4
- Don't know ... 5

53 How secure do you feel in your present job?

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

Tick one box per row only

54 Still thinking about the job in which you work the most hours, how strongly do you agree or disagree with these statements?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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- (a) I have a lot of freedom to decide how I do my own work 1... 2... 3... 4... 5
- (b) My working has a positive effect on my child(ren) ... 1... 2... 3... 4... 5
- (c) Working helps me to better appreciate the time that I spend with my child(ren) ... 1... 2... 3... 4... 5
- (d) The fact that I work makes me a better parent ... 1... 2... 3... 4... 5
- (e) I never have enough time to get everything done on my job 1... 2... 3... 4... 5

55 Having both work and family responsibilities...

- (a) Makes me a more rounded person ... 1... 2... 3... 4... 5
- (b) Gives my life more variety ... 1... 2... 3... 4... 5
- (c) Makes me feel competent ... 1... 2... 3... 4... 5

56 Because of my work responsibilities...

- (a) I have missed out on home or family activities that I would have liked to have taken part in ... 1... 2... 3... 4... 5
- (b) My family time is less enjoyable and more pressured ... 1... 2... 3... 4... 5

57 Because of my family responsibilities...

- (a) I have had to turn down work activities or opportunities that I would prefer to take on ... 1... 2... 3... 4... 5

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