

IN CONFIDENCE



Wave 2
2006

Parent 2

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
- Leave answer boxes blank where you have no response or data to enter, for example
- Do **not** use 'nil', 'n/a' or '-'
- Tick one box only unless otherwise instructed.

or

About your child

These questions are about the different sorts of things you may do with the study child (as named on the front page) and about this child's personality.

Tick one box per row only

1 In the past month how often did you...?

	Once a day or more	A few times a week	A few times a month	Rarely	Not at all
(a) Get this child ready for bed or put him/her to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Change this child's nappies or help this child use the toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Give this child a bath or shower	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Help this child get dressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) 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
(f) Assist this child with eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Help 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

2 For each of the following statements, please tick one box to best describe the study child in the last month:

	Not true/ Rarely	Somewhat true/ Sometimes	Very true/ Often
(1) Shows pleasure when he/she succeeds (e.g. claps for self)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(2) Follows rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(3) Looks for you (or other parent) when upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(4) Looks right at you when you say his/her name	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(5) Is affectionate with loved ones	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(6) Plays well with other children (not including brother/sister)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
or No contact with other children	<input type="checkbox"/> 4		
(7) Can pay attention for a long time (not including TV) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(8) Tries to help when someone is hurt (e.g. gives a toy) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(9) Imitates playful sounds when you ask him/her to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(10) Points to show you something far away	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(11) Hugs or feeds dolls or stuffed animals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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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

3 Thinking about the study child over the last six months, how often did you...?

Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost Always
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- (a) Hug or hold this child for no particular reason ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Talk it over and reason with this child when he/she misbehaved 1 ... 2 ... 3 ... 4 ... 5
- (c) Tell this child how happy he/she makes you ... 1 ... 2 ... 3 ... 4 ... 5
- (d) Give this child reasons why rules should be obeyed ... 1 ... 2 ... 3 ... 4 ... 5
- (e) Explain to this child why he/she was being corrected ... 1 ... 2 ... 3 ... 4 ... 5
- (f) Have warm, close times together with this child ... 1 ... 2 ... 3 ... 4 ... 5
- (g) Enjoy listening to this child and doing things with him/her ... 1 ... 2 ... 3 ... 4 ... 5
- (h) Feel close to this child both when he/she was happy and when he/she was upset ... 1 ... 2 ... 3 ... 4 ... 5
- (i) Express affection by hugging, kissing and holding this child ... 1 ... 2 ... 3 ... 4 ... 5

4 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

5 How often...?

Never/ Almost never	Rarely	Sometimes	Often	Always/ Almost always
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- (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

6 Overall, as a parent, do you feel that you are...?

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

About yourself

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

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

8 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

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

kgs **or** stones pounds

10 About how tall are you, without shoes?

cm **or** feet inches

11 Do you currently smoke cigarettes?

Yes 1

No 2  Go to Question 13

12 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

13 How often do you have a drink containing alcohol?

Never 0  Go to Question 16

- 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

14 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

15 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

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

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

17 How well do you think you are coping?

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

18 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?

- Yes 1
- No 2

Tick one box per row only

19 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	<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

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

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

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

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

22 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?

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

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

- Yes 1
- No 2 [▶ Go to Question 25](#)

24 How many children do you have living elsewhere?

25 Are you the study child's biological parent?

- Yes 1 [▶ Go to Question 26](#)
- No 2 [▶ Go to Question 27](#)

26 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 28](#)

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

28 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

29 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.)

(If you do not do any of these activities, write '0' in the hours box.)

hours minutes

30 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

31 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

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

- Perfectly happy ... 1
- Extremely happy ... 2
- Very happy ... 3
- Happy ... 4
- A little unhappy ... 5
- Fairly unhappy ... 6
- Extremely unhappy ... 7

Tick one box per row only

33 How often...?

Never	Rarely	Sometimes	Often	Always
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- (a) Do you and your partner disagree about basic child-rearing issues ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Is your conversation with your partner awkward or stressful ... 1 ... 2 ... 3 ... 4 ... 5
- (c) Do you and your partner argue ... 1 ... 2 ... 3 ... 4 ... 5
- (d) Is there anger or hostility between you and your partner ... 1 ... 2 ... 3 ... 4 ... 5
- (e) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving ... 1 ... 2 ... 3 ... 4 ... 5

34 Have your parents permanently separated or divorced?

- Yes 1
- No 2 ▶ Go to Question **36**
- Never lived together 3 ▶ Go to Question **36**
- Don't know 4 ▶ Go to Question **36**

35 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

36 Overall, how would you describe your childhood?

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

37 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

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

- Yes 1
- No 2

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

- Yes 1
- No 2

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

- Yes 1
- No 2

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

- Yes 1
- No 2

Family and community

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

Tick one box per row only

(Answer for the most frequent contact e.g. if you talk to mother every day and 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
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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

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

	Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your partner/spouse	<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 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) Your partner/spouse'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
(d) 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
(e) 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
(f) 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

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

Strongly agree	Agree	Disagree	Strongly disagree
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(a) It is safe for children to play outside during the day 1..... 2..... 3..... 4

(b) People around here are willing to help their neighbours 1..... 2..... 3..... 4

45 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

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

Very good 1

Good 2

Fair 3

Poor 4

Very poor 5

47 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

Work and family

Only complete these questions if you are currently in paid work. If you are not in paid work, please go to Question 56. When you answer the questions below, please think about the job in which you work, or usually work the most hours.

48 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

49 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

50 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

51 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

52 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

53 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

54 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

55 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

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

59 What is your name?

60 What is your relationship to the study child's parent/caregiver?

- Partner 1
- Child 2
- Other relative 3
- Friend 4
- Interviewer 5
- Professional interpreter 6
- Other 7

61 What is the reason for filling in this form on behalf of the study child's parent/caregiver?

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