

IN CONFIDENCE



Wave 2
2006

Child's Diary

Week Day

Study child's name:

1 Please complete your diary on the following day:

Monday Tuesday Wednesday Thursday Friday

 1

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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**.

2 Name of the person who filled in this diary:

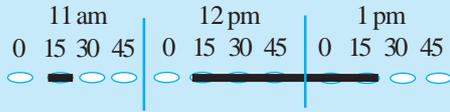
When you have completed this diary please check that all the pages have been filled in, and that you have answered the questions on the back page.

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).

INSTRUCTIONS

This diary covers what **your child has been doing** over the 24 hours that started at 4 AM today and ends at 4 AM tomorrow.

Each oval in the diary grid represents 15 minutes. In the example below, the activity occurred between 11:15 and 11:30, and then again between 12:15 and 1:30.



For each 15 minutes, please draw a line across the ovals that show:

- what your child was doing, including any travel involved (**white rows**)
- where he or she was (**light shaded section**)
- who else was present (**medium shaded section**)
- whether you paid for the child to do an activity (**dark shaded section**)

Mark at least one row in each of the white, light shaded and medium shaded sections for each quarter hour.

The **white rows** show what your child was doing, as well as any travel involved. Most parents mark only 1 or 2 activities per time slot, but you can mark other rows if your child did more than one thing during the 15 minutes. Please do not mark more than four categories for any one quarter hour. Remember to also mark the Travel section if there was any travel involved.

For example:

- Being read a book in bed is both ‘Awake in bed’ and ‘Being read to, told a story or sung to’
- Sleeping in the car is both ‘Sleeping, napping’ and ‘Travel in car’

The **light shaded section** shows where your child was. If your child moved from one place to another during a 15 minute time slot, please mark both locations.

The **medium shaded section** at the bottom of the page shows who was in the same room, or who was near the child if the child was outside. If your child was with more than one person, please mark all that apply.

The **dark shaded section** at the bottom of the page shows if someone paid for the child to do an activity or to be in care.

You can choose to fill in the diary:

- 2 or 3 times a day **or**
- all at once when your child goes to bed **or**
- in the morning after the diary day.

Important

Please mark like this only: **or**

- This form will be read using electronic equipment.
- Use **black pencil** only when completing this form - do not use ballpoint or felt tip pen.
- If you make a mistake, please erase the pencil mark fully.

When you have filled in the diary, please complete the questions on the back page.

EXAMPLE

Below is an example of how the diary would be filled in for a child’s morning.

Ruby slept alone, then woke at 6.30am and went into her parents’ bed for a cuddle from her mother and father. The family dog also went into the parents’ bedroom. The family got up at 6.45am. Ruby played with some toys in the kitchen while her mother prepared breakfast and father had a shower. The family had breakfast together at 7.15am then Ruby was dressed by her father while mother went to have a shower. Her father stopped being nearby when he left for work at 8.00am. Ruby then followed her mother around while she got dressed and became upset when her mother told her not to jump on the bed. They left the house at 8.45am to drive to Ruby’s grandparents’ house. Some music played in the car. After arriving at 9.00am Ruby rode a tricycle around outside while her mother and grandmother chatted nearby. The mother left at 9.15am to go to work. Ruby spent the rest of the morning outside with her grandmother and grandfather.

4

		Night		Morning														
		4 am		5 am		6 am		7 am		8 am		9 am						
		0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	
What was the child doing?	Not sure what child was doing																	
	Sleeping, napping	●	●	●	●	●	●	●	●									
	Awake in bed																	
	Eating and drinking, being fed																	
	Bathing, dressing, hair care, health care																	
	Doing nothing, bored/restless																	
	Crying, upset, tantrum																	
	Arguing, fighting																	
	Destroying things, creating mess																	
	Being reprimanded, corrected																	
	Being held, cuddled, comforted, soothed																	
	Watching TV, video, DVD, movie																	
	Listening to tapes, CDs, radio, music																	
	Using computer/computer game																	
	Being read to, told a story, or sung to																	
	Drawing, colouring, looking at book, educational game																	
	Quiet free play (e.g. jigsaw, craft, dress-ups)																	
	Active free play (e.g. running, climbing, ball game)																	
	Being taught to do chores, read, etc.																	
	Visiting people, special event, outing																	
Organised lessons/activities																		
Travel	Walking (for travel or fun)																	
	Ride bicycle, trike etc. (for travel or fun)																	
	Travel in car																	
	Travel in pusher or on bicycle seat																	
	Travel on public transport																	
Being taken places with adult (e.g shopping)																		
Where was the child?	Own home (indoors)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Own home (outdoors)																	
	Day Care centre, playgroup																	
	Other, indoors																	
	Other, outdoors																	
In the same room, nearby if outside	Alone	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Mother, step mother																	
	Father, step father																	
	Grandparent(s)/other adult relative(s)																	
	Brother(s), sister(s), other children																	
	Other adult(s)																	
	Dog, cat or other pet (not fish)																	
Someone paid for this activity																		

		Night				Morning																	
		4 am		5 am		6 am		7 am		8 am		9 am											
		0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45		
What was the child doing?	Not sure what child was doing	<input type="checkbox"/>																					
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Organised lessons/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Travel	Walking (for travel or fun)	<input type="checkbox"/>																					
	Ride bicycle, trike etc. (for travel or fun)	<input type="checkbox"/>																					
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		4 am	5 am	6 am	7 am	8 am	9 am	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45
Where was the child?	Own home (indoors)	<input type="checkbox"/>																					
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Someone paid for this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

		Afternoon																				
10 am		11 am		12 pm		1 pm		2 pm		3 pm												
0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45			
<input type="checkbox"/>	Not sure what child was doing	What was the child doing?																				
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		Afternoon				Evening															
		4 pm		5 pm		6 pm		7 pm		8 pm		9 pm									
		0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45
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Organised lessons/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	Dog, cat or other pet (not fish)																								
<input type="checkbox"/>	Someone paid for this activity																								

3 For the day described in this diary, how often did this child eat or drink the following?

(Tick one box per row only)

	Not at all	Once	Twice	Three times	Four or more times	Don't know
Fresh fruit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Fruit juice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Meat pie, hamburger, hot dog, sausage or sausage roll	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hot chips or french fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Potato chips or savoury snacks such as 'Twisties'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Skim milk or skim milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Soft drink or cordial, not diet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Diet soft drink or cordial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Breakfast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

4 What is your relationship to the study child?

- Mother 1
- Father 2
- Grandmother 3
- Other relative 4
- Carer/babysitter 5
- Other 6

5 When did you fill in this diary?

- More than 3 times a day 1
- 2 to 3 times a day 2
- Once, when the child went to bed 3
- Once, the next morning 4
- At a later time 5

6 If you did not fill in the diary for the day allocated, what day does the diary relate to?

/ /

7 What day of the week does the diary relate to?

- Monday Tuesday Wednesday Thursday Friday
- 1 2 3 4 5

8 How many hours of paid work did you do on this day?

9 What kind of day is described in this diary?

Tick all that apply

- An ordinary day
- A holiday or a family celebration
- A school holiday for brother/sister
- A parent took time off work
- Our family dealt with a crisis
- We had guests staying with us
- A family member was away
- I was ill
- This child was ill
- This child was a great deal more stressed than normal
- An unusual day for another reason