



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
- 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.

	2	8	5
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or

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About your child

Tick one box per row only

1 Please tick one response per statement to best describe 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 shy with strange adults 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (b) When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long time 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (c) If this child wants a toy or sweet while shopping, he/she will easily accept something else instead 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (d) This child is shy when first meeting new children 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (e) This child likes to complete one task or activity before going on to the next 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (f) When this child is angry about something, it is difficult to sidetrack him/her 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (g) When in a park or visiting, this child will go up to strange children and join in their play ... 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (h) This child stays with an activity (e.g. puzzle, construction kit, reading) for a long time ... 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (i) When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (j) When unknown adults visit our home, this child is immediately friendly and approaches them 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (k) If this child is upset, it is hard to comfort him/her 1... .. 2... .. 3... .. 4... .. 5... .. 6
- (l) When a toy or game becomes difficult, this child quickly turns to another activity 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

3 Please tick one response per statement to best describe the study child:

Less than once a week (or never)	At least once a week but not every day	Once or twice a day	Several times (more than twice) a day (or always)
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- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| (1) Gets mixed up between he and she, so might say 'he' when talking about a girl or 'she' when talking about a boy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (2) Simplifies words by leaving out some sounds (e.g. 'crocodile' pronounced as 'cockodile', or 'stranger' as 'staynger') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (3) Makes false starts, and appears to grope for the right words (e.g. might say 'can I-can I-can I-can I have an-have an ice cream') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (4) Forgets words he/she knows (e.g. instead of 'rhinoceros' may say 'you know, the animal with the horn on its nose') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (5) Uses terms like 'he' or 'it' without making it clear what he/she is talking about (e.g. when talking about a film, might say 'he was really great' without explaining who 'he' is) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (6) Mixes up words of similar meaning (e.g. might say 'dog' for 'fox' or 'screwdriver' for 'hammer') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (7) Gets mixed up between he/him or she/her, so might say 'him is working' rather than 'he is working', or 'her have a cake' rather than 'she has a cake' | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (8) Pronounces words in a babyish way such as 'chimbley' for 'chimney' or 'bokkie' for 'bottle' | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (9) Can be hard to tell if she/he is talking about something real or make-believe | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (10) Produces utterances that sound babyish because they are just 2 or 3 words long, such as 'me got ball' instead of 'I've got a ball' or 'give dolly' instead of 'give me dolly' | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (11) Leaves off beginnings or ends of words (e.g. says 'roe' instead of 'road' or 'nana' instead of 'banana') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (12) Mixes up words that sound similar (e.g. might say 'telephone' for 'television' or 'magician' for 'musician') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (13) Leaves off past tense ('ed' endings on words), so might say 'John kick the ball' instead of 'John kicked the ball', or 'Sally played over there' | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (14) Makes mistakes in pronouncing long words (e.g. says 'vegeable' rather than 'vegetable' or 'trellescope' rather than 'telescope') | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (15) Gets the sequence of events muddled up when trying to tell a story or describe a recent event (e.g. if describing a film, might talk about the end before the beginning) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Tick one box per row only

3 Please tick one response per statement to best describe the study child: *(continued)*

Less than once a week (or never)	At least once a week but not every day	Once or twice a day	Several times (more than twice) a day (or always)
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- (16) Leaves out 'is', and so says 'Daddy going to work' rather than 'Daddy's going to work' or 'Daddy is going to work'. Or might say 'The boy big' rather than 'The boy is big' ... 1 ... 2... 3... 4
- (17) Mispronounces 'th' for 's' or 'w' for 'r' (e.g. says 'thoap' instead of 'soap' or 'wabbit' instead of 'rabbit') ... 1... 2... 3... 4
- (18) Is vague in choice of words, making it unclear what he/she is talking about (e.g. saying 'that thing' rather than 'kettle') ... 1... 2... 3... 4
- (19) Doesn't explain what he/she is talking about to someone who doesn't share his/her experiences (e.g. might talk about 'Johnny' without explaining who he is) ... 1 ... 2... 3... 4
- (20) It is hard to make sense of what he/she is saying (even though the words are clearly spoken) ... 1 ... 2... 3... 4
- (21) Speaks clearly so that the words can easily be understood by someone who doesn't know him/her very well ... 1 ... 2... 3... 4
- (22) Talks clearly about what he/she plans to do in the future (e.g. what he/she will do tomorrow, or plans for going on holiday) ... 1 ... 2... 3... 4
- (23) Produces long and complicated sentences such as; 'When we went to the park I had a go on the swings'; 'I saw this man standing on the corner' ... 1 ... 2... 3... 4
- (24) Speaks fluently and clearly, producing all speech sounds accurately and without any hesitation ... 1 ... 2... 3... 4
- (25) Uses abstract words that refer to general concepts rather than something you can see (e.g. 'knowledge', 'politics', 'courage') ... 1 ... 2... 3... 4
- (26) Uses words that refer to whole classes of objects, rather than a specific item (e.g. refers to a table, chair and drawers as 'furniture', or to apples, bananas and pears as 'fruit') ... 1 ... 2... 3... 4
- (27) Explains a past event (e.g. what he/she did at school, or what happened at a football game) clearly ... 1 ... 2... 3... 4
- (28) Produces sentences containing 'because' such as 'John had a cake because it was his birthday' ... 1 ... 2... 3... 4

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Tick one box per row only

4 In the past month, how often would you say the study child has had a problem with:

	Never	Almost never	Sometimes	Often	Almost always	Not sure
(a) Walking more than one block	<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) Participating in sports activity 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) Taking a bath or shower by him/herself	<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) Doing chores, like picking 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) Low energy level	<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 about what will happen to 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
(n) Getting along 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 kids not wanting to be his/her friend	<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) Paying attention in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(t) Forgetting things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(u) Keeping up with school activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(v) Missing school because of not feeling well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(w) Missing school to go to the doctor or hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

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 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
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- (a) Help this child get ready for school ... 1... 2... 3... 4... 5
- (b) Eat an evening meal with this child ... 1... 2... 3... 4... 5
- (c) Give this child a bath or shower ... 1... 2... 3... 4... 5
- (d) Get this child ready for bed or put him/her to bed ... 1... 2... 3... 4... 5
- (e) Help this child brush his/her teeth ... 1... 2... 3... 4... 5

7 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

About yourself

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

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

9 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

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

kgs or stones pounds

11 About how tall are you, without shoes?

cm or feet inches

12 Do you currently smoke cigarettes?

Yes 1

No 2 ▶ Go to Question 14

13 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

14 How often do you have a drink containing alcohol?

Never 0 ▶ Go to Question 17

- 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

15 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

16 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

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

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

18 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

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

- Yes 1
- No 2 ▶ Go to Question 21


20 How many children do you have living elsewhere?

21 Are you the study child's biological parent?

Yes 1  Go to Question 22

No 2  Go to Question 23

22 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 24

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

24 Are you currently living with a partner?

Yes 1

No 2  Go to Question 29

25 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

26 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

27 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

28 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

29 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

30 Overall, how would you describe your childhood?

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

31 Have your parents permanently separated or divorced?

- Yes 1
- No 2 Go to Question 33
- Never lived together 3 Go to Question 33
- Don't know 4 Go to Question 33

32 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

33 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

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

- Yes 1
- No 2

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

- Yes 1
- No 2

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

- Yes 1
- No 2

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

- Yes 1
- No 2

Family and community

38 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
(a) 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	<input type="checkbox"/> 7
(b) 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	<input type="checkbox"/> 7
(c) 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	<input type="checkbox"/> 7
(d) 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	<input type="checkbox"/> 7
(e) 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	<input type="checkbox"/> 7

Tick one box per row only

39 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

40 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

41 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

42 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

43 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

44 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 ...

45 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

46 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 ...

47 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

Work and family

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.

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

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