

Wave 2  
2006

Parent Questionnaire

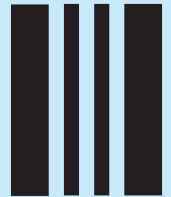
Please fill out this form with regard to yourself and the child named below.

Study child's name:

You are being asked to take part in *Growing up in Australia* - a study 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 (ABS).

**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 contact the ABS on **1800 005 508**. When you have completed this form please mail it back in 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    or
- 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.

## Contact with your child

The following questions are about your contact with the study child (named on the front cover).


### 1 When did you last see this child?

- Today ...  1
- 1-6 days ago ...  2
- 1-4 weeks ago ...  3
- More than 1 month ago ...  4

### 2 How often do you usually see this child?

- Every day ...  1
- Several times a week ...  2
- At least once a week ...  3
- At least once a fortnight ...  4
- At least once a month ...  5
- At least once every 3 months ...  6
- At least once every 6 months ...  7
- At least once a year ...  8

### 3 How often does this child stay overnight with you?

- Several times a week ...  1
- At least once a week ...  2
- At least once a fortnight ...  3
- At least once a month ...  4
- At least once every 3 months ...  5
- At least once every 6 months ...  6
- At least once a year ...  7
- Less than once a year ...  8
- Not at all ...  9  Go to Question 6

### 4 In a typical month, how many nights does this child stay overnight with you?

nights

### 5 When your child stays overnight with you, does he/she...?

- Have his/her own room ...  1
- Share with another brother or sister ...  2
- Share with other children in household ...  3
- Share a room with you ...  4
- Sleep on temporary bedding elsewhere (such as a living room) ...  5

### 6 Does the current arrangement for contact between you and this child have a set pattern?

- Yes  1
- No  2

### 7 Over the last 12 months, how often have you communicated with this child by phone, letters or other means?

- Every day ...  1
- At least once a week ...  2
- At least once a fortnight ...  3
- At least once a month ...  4
- At least once every 3 months ...  5
- At least once every 6 months ...  6
- At least once in the last year ...  7
- Not at all ...  8

### 8 How often does the study child have contact with *your* parents?

- Often ...  1
- Occasionally ...  2
- Never ...  3

**9 Some children have trouble adjusting when they move from one parent to another. At the start of your contact time with this child, which response best describes how he/she typically behaves? He/she is usually...**

- Over-excited and hard to settle for a long period (more than a few hours) ... ..  1
- Over-excited and hard to settle for a short period  2
- Relaxed and comfortable ... ..  3
- Withdrawn, sad or restless for a short period  4
- Withdrawn, sad or restless for a long period (more than a few hours) ... ..  5

**10 At the end of your contact time with this child, is he/she sad or distressed when leaving you?**

- Yes - a little ... ..  1
- Yes - somewhat ... ..  2
- Yes - very ... ..  3
- No ... ..  4
- Don't know ... ..  5

**11 In thinking about the role that you have in this child's life, would you like to be...?**

- A lot more involved ... ..  1
- A little more involved ... ..  2
- My level of involvement is about right ... ..  3 **Go to Question 13**
- A little less involved ... ..  4 **Go to Question 13**
- Much less involved ... ..  5 **Go to Question 13**

**12 What stops you from being more involved? Is it...?**

Tick all that apply

- (a) Your child's other parent does not want you to see the child more ... ..
- (b) More frequent contact would be disruptive to the child's routine ... ..
- (c) Contact causes distress to child (upset when arrives or leaves) ... ..
- (d) Contact causes distress to you ... ..
- (e) Child lives too far away for more frequent contact ... ..
- (f) Travel is too expensive ... ..
- (g) You are prevented by illness or injury
- (h) You do not have suitable living arrangements for a child to visit ... ..
- (i) The demands of your job makes more frequent contact difficult ... ..
- (j) Your new partner or family makes more frequent contact more difficult ... ..
- (k) The terms of a court ordered arrangement prevent more contact ...
- (l) Other reason ... ..

**13 Over the last 12 months, how often have you had contact with the study child's other parent, either in person or by phone, letter or other means?**

- Every day ... ..  1
- At least once a week ... ..  2
- At least once a fortnight ... ..  3
- At least once a month ... ..  4
- At least once every 3 months ... ..  5
- At least once every 6 months ... ..  6
- At least once in the last year ... ..  7
- Not at all ... ..  8

**14 How well do you get along with this child's other parent?**

- Very well ... ..  1
- Well ... ..  2
- Neither well nor poorly ... ..  3
- Poorly ... ..  4
- Very poorly/badly ... ..  5

**15 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

The next questions are about some of the things you might do when you are with the study child. Some parents whose children don't live with them all of the time see their children quite a bit, while others are not able to see their children as much. When answering the following questions, please focus on the time you and this child do spend together.

Tick one box per row only

**16 When the study child is with you, how often do you do the following?**

Often	Sometimes	Rarely	Not at all
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- (a) Read to this child from a book ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (b) Help this child do his/her homework ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (c) Talk to this child about his/her day at school ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (d) Play music, sing songs, dance or do other musical activities with this child ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (e) Play with toys or games indoors, like board or card games, with this child ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (f) Involve this child in everyday activities at home, such as cooking or caring for pets ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (g) Play a game outdoors or exercise together like walking, swimming or cycling ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (h) Get this child ready for bed or put him/her to bed ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (i) Eat a meal with this child ... ..  1 ... ..  2 ... ..  3 ... ..  4

**17 How often do you do each of the following with the study child?**

Never	Once or twice a year	Several times a year	At least monthly
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- (a) Go to a playground or a swimming pool ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (b) Go to a concert, play, museum, art gallery or community or school event ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (c) Go to the cinema or to watch a sporting event ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (d) Attend a religious service, church, temple, synagogue or mosque ... ..  1 ... ..  2 ... ..  3 ... ..  4
- (e) Visit a library ... ..  1 ... ..  2 ... ..  3 ... ..  4

**18 Please tick one box for each of the following statements to best describe the study child's behaviour over the past six months:**

	Not true	Somewhat true	Certainly true
(a) Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Shares readily with other children (treats, toys, pencils, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Good attention span, sees chores or homework through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

**19 When the study child is with you how often do you ...?**

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

## Community support

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

Tick all that apply

- (a) Playgroup 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 ...

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

Yes  1

No  2

**22** How often do you see, talk to or email your parents or other members of your family?

- No contact ...  1
- Rarely ...  2
- A few times a year ...  3
- At least every month ...  4
- At least every week ...  5
- Every day ...  6
- I don't have any relatives ...  7

**23** How often do you see, talk to or email your friends?

- No contact ...  1
- Rarely ...  2
- A few times a year ...  3
- At least every month ...  4
- At least every week ...  5
- Every day ...  6
- I don't have any friends ...  7

**24** Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?

- I get enough help ...  1
- I don't get enough help ...  2
- I don't get any help at all ...  3
- I don't need any help ...  4

## Your health and lifestyle

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

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


### 26 Do you currently smoke cigarettes?

- Yes  1
- No  2  Go to Question 28

### 27 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

### 28 How often do you have a drink containing alcohol?

- Never  0  Go to Question 31
- 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

### 29 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

### 30 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

### 31 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

### 32 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

**33 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

**34 Overall, how would you describe your childhood?**

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

**35 What best describes your current living arrangements?**

- Currently living full time with a partner and married to that partner  1
- Currently living full time with a partner, but not married to that partner  2
- In a committed relationship but not living together full time  3 Go to Question 37
- Not in a committed relationship  4 Go to Question 38

**36 About how long have you and your partner been living together in total (including both time spent legally married and not married)?**

- Less than 6 months  1
- 6 months up to 12 months  2
- 1 year up to 5 years  3
- 5 years or more  4

**37 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

**38 Are you the study child's biological parent?**

- Yes  1 Go to Question 39
- No  2 Go to Question 40



**39** 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 41

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

The following questions are about any children who live or spend time in your household.

**41** Are there any children living in your household on a full time or nearly full time basis? (5 days or more per week.)

Yes  <sub>1</sub>

No  <sub>2</sub> ▶ Go to Question 44

**42** How many children live in your household on a full time or nearly full time basis?

**43** How are these children related to the study child? Are any of them his/her...?

Tick all that apply

Full siblings .....

Step siblings .....

Half siblings .....

None of the above .....

**44** Excluding the study child, are there any children who live in your household on a part time or visiting basis? (Less than 5 days per week, or for holidays.)

Yes  <sub>1</sub>

No  <sub>2</sub> ▶ Go to Question 47

**45** Excluding the study child, how many children live in your household on a part time or visiting basis?

**46** How are these children related to the study child? Are any of them his/her...?

Tick all that apply

Full siblings .....

Step siblings .....

Half siblings .....

None of the above .....

### Your background

**47** Are you male or female?

Male .....  <sub>1</sub>

Female .....  <sub>2</sub>

**48** What is your date of birth?

 /  / 

Day Month Year

**49** What was the highest year of primary or secondary school that you completed?

Year 12 or equivalent .....  <sub>1</sub>

Year 11 or equivalent .....  <sub>2</sub>

Year 10 or equivalent .....  <sub>3</sub>

Year 9 or equivalent .....  <sub>4</sub>

Year 8 or below .....  <sub>5</sub>

Never attended school .....  <sub>6</sub>

Still at school .....  <sub>7</sub>

**50** What is the highest educational qualification you have completed?

Doctoral degree .....  <sub>1</sub>

Masters degree .....  <sub>2</sub>

Graduate Diploma or Graduate Certificate .....  <sub>3</sub>

Bachelor Degree (including Honours) ...  <sub>4</sub>

Diploma or Associate Diploma .....  <sub>5</sub>

Certificate .....  <sub>6</sub>

None of the above .....  <sub>7</sub>

**51 Do you speak a language other than English at home?**

- English only .....  1
- Vietnamese .....  2
- Cantonese .....  3
- Arabic .....  4
- Mandarin .....  5
- Turkish .....  6
- Other .....  7

**52 In which country were you born?**

- Australia .....  1
- United Kingdom .....  2
- New Zealand .....  3
- Vietnam .....  4
- China .....  5
- Philippines .....  6
- Other .....  7

**53 Are you of Aboriginal or Torres Strait Islander origin?**

- No .....  1
- Yes, Aboriginal .....  2
- Yes, Torres Strait Islander .....  3
- Yes, both .....  4

**54 Which of the following best describes your current employment status?**

- In full-time work .....  1
- In part-time work .....  2
- In casual work .....  3
- Unemployed and seeking work .....  4
- Unemployed and not seeking work .....  5
- A full-time student .....  6
- Full-time home duties .....  7
- Permanently retired .....  8
- Other .....  9

**55 Which of the following best describes your partner's current employment status?**

- Do not have a partner .....  1
- In full-time work .....  2
- In part-time work .....  3
- In casual work .....  4
- Unemployed and seeking work .....  5
- Unemployed and not seeking work .....  6
- A full-time student .....  7
- Full-time home duties .....  8
- Permanently retired .....  9
- Other .....  10

**56 What is your main source of income?**

- Wages/salary .....  1
- Profit or loss from own business .....  2
- Government pension, benefit or allowance .....  3
- Other regular source .....  4
- None of these .....  5

**57 Before income tax is taken out, what is your total income?**

- Less than \$500 pw  
(\$25,999 or less per year) ... ..  1
- \$500-\$999 pw  
(\$26,000-\$51,999 per year) ... ..  2
- \$1,000-\$1,999 pw  
(\$52,000-\$103,9799 per year) ... ..  3
- \$2,000 or more per week  
(\$104,000 or more per year) ... ..  4

**58 Suppose you only had one week to raise \$2,000 for an emergency. Which of the following best describes how hard it would be for you to get that money?**

- I could easily raise the money ... ..  1
- I could raise the money but it would involve some sacrifices (e.g. reduced spending, selling a possession) ... ..  2
- I would have to do something drastic to raise the money (e.g. selling an important possession) ... ..  3
- I don't think I could raise the money ... ..  4

**59 Given your current needs and financial responsibilities, how would you say you are getting on?**

- Prosperous ... ..  1
- Very comfortable ... ..  2
- Reasonably comfortable ... ..  3
- Just getting along ... ..  4
- Poor ... ..  5
- Very poor ... ..  6

**60 Which of the following best describes your accommodation?**

- Separate house ... ..  1
- Semi-detached house, row or terrace house, townhouse ... ..  2
- Flat or unit ... ..  3
- Caravan or cabin ... ..  4
- House attached to a shop or office etc. ... ..  5
- Farm ... ..  6
- Other ... ..  7

**61 Is this accomodation...?**

- Being paid off by you ... ..  1
- Owned outright by you ... ..  2
- Rented by you ... ..  3
- Other (boarding house etc) ... ..  4
- or**
- Are you living with someone in their home  5

**62 How many bedrooms are there? (Please count all bedrooms even if used for other things such as studies.)**

**63 In the last year, how many times have you moved house or residence?**

## Help us to keep in touch

### 64 Your contact details

Name:

Work Phone:

Mobile:

Email Address:

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

**Please return the form in the reply paid envelope provided.**