

## 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

 2

 3

 4

 5

 /  / 

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.

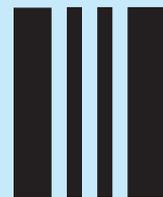
**All information collected will be kept strictly confidential** (except where it is required to be reported by law and/or there is a risk of harm to yourself or others). To ensure that your privacy is maintained, only combined results from the study as a whole will be discussed and published. No individual 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.

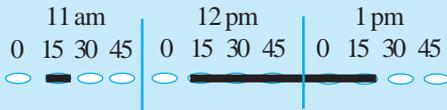
Your interviewer will arrange to collect your forms or you may return the forms using the reply paid envelope provided (Reply Paid 76746, Sydney NSW 2000).



## 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 an activity was part of the child's homework (**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:

- Reading a book in bed is both 'Awake in bed' and 'Reading or looking at book by self'
- 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 whether an activity was done for, or as part of, the child's homework.

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.*



		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	0	15	30	45
<b>What was the child doing?</b>	Not sure what child was doing	<input type="checkbox"/>																							
	Sleeping, napping	<input type="checkbox"/>																							
	Awake in bed	<input type="checkbox"/>																							
	Eating and drinking	<input type="checkbox"/>																							
	Bathing, dressing, hair care, health care	<input type="checkbox"/>																							
	Doing nothing, bored/restless	<input type="checkbox"/>																							
	Crying, upset, tantrum	<input type="checkbox"/>																							
	Arguing, fighting, destroying things	<input type="checkbox"/>																							
	Being held, cuddled, comforted, soothed	<input type="checkbox"/>																							
	Being reprimanded, corrected	<input type="checkbox"/>																							
	Watching TV, video, DVD, movie	<input type="checkbox"/>																							
	Listening to tapes, CDs, radio, music	<input type="checkbox"/>																							
	Using computer/computer game	<input type="checkbox"/>																							
	Being read to, told a story, or sung to	<input type="checkbox"/>																							
	Reading or looking at book by self	<input type="checkbox"/>																							
	Quiet free play (e.g. board game, craft, dress-ups)	<input type="checkbox"/>																							
	Active free play (e.g. running, climbing, ball game)	<input type="checkbox"/>																							
	Helping with chores, jobs	<input type="checkbox"/>																							
	Visiting people, special event, outing	<input type="checkbox"/>																							
	Organised sport/physical activity (e.g. swim, dance, Auskick)	<input type="checkbox"/>																							
Other organised lesson/activity (e.g. music, drama)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Travel</b>	Walking (for travel or fun)	<input type="checkbox"/>																							
	Riding bicycle, scooter, roller blades etc. (for travel or fun)	<input type="checkbox"/>																							
	Travel in car	<input type="checkbox"/>																							
	Travel on public transport	<input type="checkbox"/>																							
	Being taken places with adult (e.g. shopping)	<input type="checkbox"/>																							
		<b>4 am</b>				<b>5 am</b>				<b>6 am</b>				<b>7 am</b>				<b>8 am</b>				<b>9 am</b>			
		0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45
<b>Where was the child?</b>	Own home, indoors	<input type="checkbox"/>																							
	Own home, outdoors	<input type="checkbox"/>																							
	School, after/before school care	<input type="checkbox"/>																							
	Other, indoors	<input type="checkbox"/>																							
	Other, outdoors	<input type="checkbox"/>																							
<b>In the same room, nearby if outside</b>	Alone	<input type="checkbox"/>																							
	Mother, step mother	<input type="checkbox"/>																							
	Father, step father	<input type="checkbox"/>																							
	Grandparent(s)/other adult relative(s)	<input type="checkbox"/>																							
	Brother(s), sister(s), other children	<input type="checkbox"/>																							
	Other adult(s)	<input type="checkbox"/>																							
	Dog, cat or other pet (not fish)	<input type="checkbox"/>																							
Was this activity done for or as part of homework	<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"/>	<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?																			
<input type="checkbox"/>	Sleeping, napping																				
<input type="checkbox"/>	Awake in bed																				
<input type="checkbox"/>	Eating and drinking																				
<input type="checkbox"/>	Bathing, dressing, hair care, health care																				
<input type="checkbox"/>	Doing nothing, bored/restless																				
<input type="checkbox"/>	Crying, upset, tantrum																				
<input type="checkbox"/>	Arguing, fighting, destroying things																				
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<input type="checkbox"/>	Being reprimanded, corrected																				
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<input type="checkbox"/>	Reading or looking at book by self																				
<input type="checkbox"/>	Quiet free play (e.g. board game, craft, dress-ups)																				
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<input type="checkbox"/>	Helping with chores, jobs																				
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0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45		
<input type="checkbox"/>	Own home, indoors	Where was the child?																			
<input type="checkbox"/>	Own home, outdoors																				
<input type="checkbox"/>	School, after/before school care																				
<input type="checkbox"/>	Other, indoors																				
<input type="checkbox"/>	Other, outdoors																				
<input type="checkbox"/>	Alone	In the same room, nearby if outside																			
<input type="checkbox"/>	Mother, step mother																				
<input type="checkbox"/>	Father, step father																				
<input type="checkbox"/>	Grandparent(s)/other adult relative(s)																				
<input type="checkbox"/>	Brother(s), sister(s), other children																				
<input type="checkbox"/>	Other adult(s)																				
<input type="checkbox"/>	Dog, cat or other pet (not fish)																				
<input type="checkbox"/>	Was this activity done for or as part of homework																				

		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	0	15	30	45
<b>What was the child doing?</b>	Not sure what child was doing	<input type="checkbox"/>																							
	Sleeping, napping	<input type="checkbox"/>																							
	Awake in bed	<input type="checkbox"/>																							
	Eating and drinking	<input type="checkbox"/>																							
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<input type="checkbox"/>	Other adult(s)																							
<input type="checkbox"/>	Dog, cat or other pet (not fish)																							
<input type="checkbox"/>	Was this activity done for or as part of homework																							

**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 .....
- 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 .....