



IN CONFIDENCE



Study child's name:

Existing contact details: If incorrect, please provide current details on the back page.

Home phone:

Work phone:

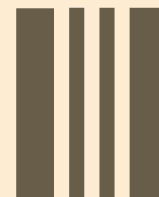
Mobile:

Email address:

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). 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**. Please complete this form and return it in the reply paid envelope to The Australian Bureau of Statistics by 5 September 2007 (Reply Paid 76746, Sydney NSW 2000).



Please read this first

- If possible, this form should be completed by the person named on the address label
- **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

	2		8		5	or	<input checked="" type="checkbox"/>
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- Tick one box only unless otherwise instructed.
- If a mistake is made, please correct it in this way

	6		4		2	5		4		2
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- Leave answer boxes blank where you have no response or data to enter, for example

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- Do **not** use 'nil', 'n/a' or '-'.

The first questions are about the electronic items in your household. Do not include electronic items that are not connected.

1 Which of the following does your child have in his/her bedroom?

Tick all that apply

- Television ... 1
- Computer ... 2
- Internet access ... 3
- None of the above ... 4

2 Which of the following do you have in the other rooms in your home?

Tick all that apply

- Television ... 1
- Computer ... 2
- Internet access ... 3
- None of the above ... 4

3 Does your child have an electronic games system (such as Gameboy, Nintendo, Playstation, X-box)?

- Yes 1 No 2

4 How much time in total does your child spend doing each of the following at home?

(if no time, leave boxes blank)

Total time
Monday to Friday

Total time
Saturday and Sunday

- (a) Watching television programs (do not include watching DVDs or videos or playing games on TV) ... hours minutes hours minutes
- (b) Watching DVDs or videos ... hours minutes hours minutes
- (c) Using a computer ... hours minutes hours minutes
- (d) Playing with an electronic game system ... hours minutes hours minutes

Tick one box per row only

5 How often does your child do the following?

Often	Sometimes	Rarely	Never
-------	-----------	--------	-------

- (a) Turn on the TV by themselves ... 1 ... 2 ... 3 ... 4
- (b) Change the TV channel with a remote ... 1 ... 2 ... 3 ... 4
- (c) Ask to watch a particular TV show or channel ... 1 ... 2 ... 3 ... 4
- (d) Ask to watch a particular DVD or video ... 1 ... 2 ... 3 ... 4
- (e) Put in a video or DVD by themselves ... 1 ... 2 ... 3 ... 4

Tick one box per row only

6 How often...?

Always	Often	Sometimes	Rarely	Never
--------	-------	-----------	--------	-------

- (a) Is a TV on during meals ... 1 ... 2 ... 3 ... 4 ... 5
- (b) Is a TV on even if no one is watching ... 1 ... 2 ... 3 ... 4 ... 5
- (c) Do you watch TV programs together with your child ... 1 ... 2 ... 3 ... 4 ... 5

Families vary a lot in the arrangements they have with their children about how things are done. Thinking about your family...

7 Are there rules about what television programs your child can watch?

Yes ₁ No ₂

8 Are there rules about how many hours of television your child can watch?

Yes ₁ No ₂

Tick one box per row only

9 How easy do you find managing your child's...?

Very easy	Fairly easy	Fairly difficult	Very difficult	Not applicable
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- (a) TV watching including videos and DVDs ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (b) Electronic or computer game playing ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

10 Which of the following best describes your view about how much time your child spends watching television, videos and DVDs or playing computer games?

- I'd like my child to maintain the current balance he/she has... ₁
- It wouldn't bother me if my child spent more time on these ... ₂
- I wish my child spent less time ... ₃

11 What types of regular childcare or early education does your child currently attend?

(Don't include casual babysitting or care by child's parents)

Tick all that apply

- Preschool/kindergarten ... ₁
- Long day care centre (with or without a preschool program) ... ₂
- Family Day Care ... ₃
- Grandparents ... ₄
- Other relative ... ₅
- Other adult (e.g. friend, neighbour or nanny) ... ₆
- Occasional care centre (e.g. at a gym, leisure or community centre) ... ₇
- None ₈ ▶ Go to Question 14

12 In a typical week, how many days does your child spend in these childcare/education settings?

days

13 In a typical week, how many hours in total does your child spend in these childcare/education settings?

hours

14 In the last 12 months, how many times did you change your child's care or education arrangements? (Include starting a new arrangement such as preschool, or changing the place of care.)

Do not include changes in hours, days or rooms at the same centre or preschool/kindergarten.

15 On average, about how many minutes per day is your child read to at home?

minutes

16 Is the study child the youngest child living at home with you? (If the study child is a twin and the twins are the youngest children, or if the study child is an only child, answer yes)

Yes ₁ ▶ Go to Question 18

No ₂

17 What age is the youngest child? (If under 1 year, write '0')

years

18 In the last 12 months, have any of the following happened to you (or your partner)?

Tick all that apply

- Birth of a child/pregnancy 1
- Suffered a serious illness, injury or assault 2
- A serious illness, injury or assault happened to a close relative 3
- A parent, partner or child died 4
- A close family friend or another relative (aunt, cousin, grandparent) died 5
- Broke off a steady romantic relationship 6
- 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) 7
- Had a serious problem with a close friend, neighbour or family member 8
- Had a major financial crisis 9
- Had a crisis or serious disappointment in your work career 10
- Thought you would soon lose your job 11
- Lost your job, but not from choice (e.g. sacked, redundant, contract ended) 12
- Were seeking work unsuccessfully for one month or more 13
- Had problems with the police or a court appearance 14
- Something you valued was lost or stolen 15
- Someone in your household had an alcohol or drug problem 16
- None of the above 17

19 Do you currently have a paid job? (include full-time, part-time, casual or own business and if currently on leave)

Yes 1

No 2 ► Go to Question 22

20 On average, how many hours per week do you work? (in all paid jobs)

hours

21 If you could choose the number of hours you work would you like to work...?

More hours than present 1

The same hours as present 2

Fewer hours than present 3

22 Are you currently looking for work?

Yes 1 No 2

If you are currently working, go to Question 25.

23 What are the main reasons you are not in paid work at the moment?

Tick all that apply

I've had another baby 1

I prefer to look after my child(ren) myself 2

I can't get suitable child care 3

It's not worthwhile because of the child care costs 4

I have other caring responsibilities 5

I'm too busy with my family 6

Own ill health 7

My partner earns enough to support us 8

I don't have the right kind of education/training 9

There are no suitable jobs available 10

I can't find a job that interests me 11

I can't find a job with enough flexibility 12

Transport problems 13

I'd lose government benefits if I worked 14

Other reason 15

24 Which of the following statements best describes your plans about being in paid work?

- I want to work now ... 1
- I plan to work when my youngest child goes to preschool/kindergarten ... 2
- I plan to work when my youngest child goes to primary school ... 3
- I have no definite plans to work ... 4
- None of the above ... 5

25 Are you currently receiving any of the following Government payments?

Tick all that apply

- Family Tax Benefit ... 1
- Newstart Allowance ... 2
- Youth Allowance ... 3
- Parenting Payment Partnered ... 4
- Parenting Payment Single ... 5
- Disability Support Pension ... 6
- Other ... 7
- None of the above ... 8

26 Is your partner working in a paid job?
(include full-time, part-time, casual or own business and if currently on leave)

- Yes 1 No 2 I do not have a partner 3

27 What is your household income from all sources, before tax?

- less than \$349 per week/
less than \$18,199 per year ... 1
- \$350 - \$799 per week/
\$18,200 - \$41,599 per year ... 2
- \$800 - \$1,199 per week/
\$41,600 - \$62,399 per year ... 3
- \$1,200 - \$1,699 per week/
\$62,400 - \$88,399 per year ... 4
- \$1,700 or more per week/
\$88,400 or more per year ... 5

28 Are you currently doing any of the following?

Tick all that apply

- Undertaking study or training leading to a trade certificate, diploma, degree or other educational qualification ... 1
- Undertaking a short training course not leading to a trade certificate, diploma, degree or other educational qualification ... 2
- Undertaking voluntary or community work ... 3
- None of the above ... 4

29 Do you have future plans to undertake study leading to a trade certificate, diploma, degree or other educational qualification...? (exclude current study)

- In the next year... 1
- In the next two or three years ... 2
- No plans at this moment ... 3

30 How strongly do you agree or disagree with these statements?

Tick one box per row only

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(a) Having a job makes a parent a good role model for their child ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) I would enjoy having a job even if I did not need the money ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) I'd rather be a stay at home parent and not have a paid job at all ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) A parent should be at home outside school hours to care for their children ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) In order to be happy in life it is important for me to have a paying job ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Only complete Question 31 if you currently receive Government payments other than Family Tax Benefit. Otherwise go to Question 32

Tick one box per row only

31 How strongly do you agree or disagree that:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

- (a) I don't want to work too much, as I want to keep the concessions I get 1 2 3 4 5
- (b) I want to work to get extra money, but not so much that I go off Government payments altogether 1 2 3 4 5

Only complete Question 32 if you are currently in paid work. Otherwise go to Question 33.

Tick one box per row only

32 How strongly do you agree or disagree that:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
----------------	-------	----------------------------	----------	-------------------

- (a) I find it hard to get suitable care for my child when I work 1 2 3 4 5
- (b) My working has a positive effect on my child 1 2 3 4 5
- (c) Working helps me to better appreciate the time that I spend with my child 1 2 3 4 5
- (d) My working has a positive influence on my child's attitude towards preschool/ kindergarten 1 2 3 4 5
- (e) My working has a positive influence on my child's overall performance at preschool/ kindergarten 1 2 3 4 5
- (f) The fact that I work means I get to meet and socialise with more people 1 2 3 4 5
- (g) The fact that I work makes me a better parent 1 2 3 4 5
- (h) Having both work and family responsibilities makes me a more rounded person 1 2 3 4 5
- (i) Having both work and family responsibilities gives my life more variety 1 2 3 4 5
- (j) Having both work and family responsibilities makes me feel competent 1 2 3 4 5
- (k) Because of my work responsibilities I have missed out on home or family activities that I would have liked to have taken part in... .. 1 2 3 4 5
- (l) Because of my work responsibilities my family life is less enjoyable and more pressured 1 2 3 4 5

33 Does the study child have a parent living elsewhere?

Yes 1

No 2 ▶ Go to Question 45

The next questions are about any child support payments you receive or should receive for the study child. These payments may come directly from your child's other parent, or the Child Support Agency may collect and transfer the money for you.

34 Do you have an arrangement in relation to child support payments for the study child? (Include both formal and informal arrangements)

Tick one box only

Yes ... 1

Yes, and currently in discussions about child support (e.g. reviewing the arrangement) ... 2

No, but currently in discussions ... 3

No 4 ▶ Go to Question 43

35 What services did you use (or are you using) to assist you in reaching a child support arrangement?

Tick all that apply

Assistance of the Child Support Agency ... 1

Assistance of a Family Relationship Centre ... 2

The Family Court ... 3

Other ... 4

None of the above ... 5

36 How much money should you receive from the study child's other parent for each child support payment? (Including payments you should receive through the Child Support Agency.)

\$

37 How often should these payments be made?

Weekly ... 1 Monthly ... 3

Fortnightly 2 Other ... 4

38 How many children should these payments be made for?

39 How should these payments be made?

Through the Child Support Agency ... 1

Directly by the other parent ... 2

Other ... 3

40 How much was the last payment you received?

\$

41 When was this last payment received?

/ /

42 If the last payment was different from what you should have received, did you agree to the difference?

Yes ... 1

No ... 2

No difference ... 3

43 Does the study child's other parent do any of the following?

Tick all that apply

Pay for medical or dental bills or health insurance or medicines ... 1

Pay for school or preschool expenses (fees, uniforms or books) ... 2

Pay your rent or mortgage, household bills or car expenses ... 3

Babysitting or jobs around your home (e.g. lawn mowing) ... 6

Other ... 7

None of the above ... 8

44 If you do not have a child support arrangement, what is the main reason?

Unable to locate other parent ... 1

Unable to discuss with other parent due to safety concerns ... 2

Other reason ... 4

I have a child support arrangement ... 5

Please turn to the back page of this form.

45 What are some of the challenges for parents in Australia today? (optional)

46 Your contact details have been printed on the front page of this form. If these details have changed, please help us keep in touch with you by updating your details in the space provided below.

Postal address:

Suburb: State: Postcode:

Residential address:

Suburb: State: Postcode:

Home phone: Work phone:

Mobile: Email address:

47 Who completed this form?

Name:

Tick one box only

Child's mother 1

Child's father 2

Someone else 3

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