



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

642	542
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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 Which of the following does your child have?

Tick all that apply

- Electronic games system (such as Gameboy, Nintendo, Playstation, X-box)... .. 1
- Mobile phone 2
- iPod or similar 3
- None of the above 4

If you do not have a computer at home, go to Question 6.

Tick one box per row only

4 How often does your child use a computer at home to...?

Never	Less than once a week	1-2 times a week	3-4 times a week	Daily
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- (a) Play DVDs/CDs for entertainment 1 2 3 4 5
- (b) Do work for school (e.g. homework or projects) 1 2 3 4 5
- (c) Play games 1 2 3 4 5

5 How often does your child use the Internet at home to...?

- (a) Find information for school (e.g. homework, or projects) 1 2 3 4 5
- (b) Send or receive emails 1 2 3 4 5
- (c) Chat online 1 2 3 4 5
- (d) Surf the Internet 1 2 3 4 5
- (e) Play games 1 2 3 4 5
- (f) Access and/or download music, movies or pictures 1 2 3 4 5

6 To communicate with friends, how often does your child use...?

- (a) A fixed-line phone 1 2 3 4 5
- (b) A mobile phone to call 1 2 3 4 5
- (c) A mobile phone to send text messages (e.g. SMS) 1 2 3 4 5
- (d) Instant messaging (e.g. IM - text messages in real time) on a mobile phone or computer 1 2 3 4 5
- (e) Email on a computer 1 2 3 4 5

Tick one box per row only

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

	Very easy	Fairly easy	Fairly difficult	Very difficult	Not applicable
(a) TV watching including videos and DVDs ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Electronic or computer game playing ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Use of the internet ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Use of the mobile phone ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Tick one box only

- 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

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

Tick one box per row only

	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) Kind to younger children ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Often lies or cheats ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Steals from home, school or elsewhere ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

10 Thinking about your child over the last six months, how often did you...?

Tick one box per row only

	Always	Often	Sometimes	Rarely	Never
(a) Tell your 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
(b) Hug or hold your 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
(c) Have warm, close times together with your child ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Enjoy listening to your 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
(e) Feel close to your child both when he/she was happy and when he/she was upset ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Express affection by hugging, kissing and holding your child ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

- 11 Does your child attend child care before or after school at any time during the week?**
(include any type of regular arrangement, not just formal arrangements)

Tick all that apply

- Before or after school care at school ... 1
- Before or after school care centre ... 2
- Home based care by a relative, friend or nanny ... 3
- Other ... 4
- No child care 5 ▶ Go to Question 14

- 12 In a typical week, how many days does your child attend care?**

days

- 13 In a typical week, how many hours in total does your child attend care?**

hours

- 14 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 16

No 2

- 15 What age is the youngest child?**
(if under 1 year, write '0')

years

- 16 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

- 17 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 20

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

hours

19 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

20 Are you currently looking for work?

- Yes 1 No 2

21 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 ▶ Go to Question 23

22 Are you currently required to look for work or do any other activity to receive your Government payment?

- Yes 1 No 2 Don't know 3

23 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

24 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

25 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
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- (a) Having a job makes a parent a good role model for their child ... 1 ... 2 ... 3 ... 4 ... 5
- (b) I would enjoy having a job even if I did not need the money ... 1 ... 2 ... 3 ... 4 ... 5
- (c) I'd rather be a stay at home parent and not have a paid job at all ... 1 ... 2 ... 3 ... 4 ... 5
- (d) A parent should be at home outside school hours to care for their children ... 1 ... 2 ... 3 ... 4 ... 5
- (e) In order to be happy in life it is important for me to have a paying job ... 1 ... 2 ... 3 ... 4 ... 5

Only complete Question 26 if you currently receive Government payments other than Family Tax Benefit. Otherwise go to Question 27.

26 How strongly do you agree or disagree that:

- (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 27 if you are currently in paid work. Otherwise go to Question 29.

Tick one box per row only

Never	Rarely	Sometimes	Often	Always
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27 The fact that I work stops me from:

- (a) Visiting my child’s class ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (b) Contacting the teacher about my child ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (c) Talking to parents of other children at my child’s school ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (d) Attending a school event in which my child participates (e.g. sporting event, music performance, concert) ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (e) Volunteering in my child’s class or helping with a class excursion ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (f) Taking my child to out-of-school activities (e.g. sports, music, drama, dance) ... ₁ ... ₂ ... ₃ ... ₄ ... ₅

Only complete Question 28 if you are currently in paid work. Otherwise go to Question 29.

Tick one box per row only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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28 How strongly do you agree or disagree that:

- (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 school ... ₁ ... ₂ ... ₃ ... ₄ ... ₅
- (e) My working has a positive influence on my child’s overall performance at school ... 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

29 Does the study child have a parent living elsewhere?

Yes 1

No 2 ▶ Go to Question 41

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.

30 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 39

31 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

32 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.)

\$

33 How often should these payments be made?

Weekly 1 Monthly 3

Fortnightly 2 Other 4

34 How many children should these payments be made for?

35 How should these payments be made?

Through the Child Support Agency ... 1

Directly by the other parent 2

Other 3

36 How much was the last payment you received?

\$

37 When was this last payment received?

/ /

38 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

39 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

Baby sitting or jobs around your home (e.g. lawn mowing) 4

Other 5

None of the above 6

40 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 3

I have a child support arrangement ... 4

Please turn to the back page of this form.

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

42 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:

43 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.