



Wave 3  
2008

Parent 1

Parent's name:

Study child's name:

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  

	2	8	5
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 or 

✓
---
- 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 draw a line in the data entry boxes.
- Tick one box only unless otherwise instructed.

- If a mistake is made, please correct it in this way

Yes 

<del>✓</del>
--------------

<sub>1</sub>

No 

✓
---

<sub>2</sub>



## Your child's personality and behaviour

The first set of questions is about your child's personality and behaviour.

**1 Please tick one box for each of the following statements to best describe the study 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) Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children (treats, toys, pencils, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often loses temper	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally well behaved, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, depressed or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Good attention span, sees chores or homework through to the end	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## 2 Please tick the response that best describes how often your child's behaviour matches the behaviour described in each item:

(Tick one box per row only)

	Never	Rarely	Half the time	Frequently	Always
(a) Reacts strongly (cries or complains loudly) to a disappointment or failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) When angry, yells or snaps at others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Moody when corrected for misbehaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Responds intensely to disapproval (shouts, cries, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Does not complete homework unless reminders are given	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Remembers to do homework without being reminded	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Goes back to the task at hand (chore, housework, etc.) after an interruption	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Has difficulty completing assignments (homework, chores, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Approaches children his/her age even when he/she doesn't know them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Is shy with adults he/she doesn't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) When meeting new children, acts bashful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Seems uncomfortable when at someone's house for the first time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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## 3 Overall, compared to other children of the same age, do you think this child is...?

- 1 Easier than average
- 2 About average
- 3 More difficult than average

## 4 Some children are approaching puberty by 8-9 years of age. We're interested to know if you've noticed any early signs in your own child. Have you noticed any of the following in this child yet...?

(Tick one box per row only)

	Has not started yet	Has barely started	Has definitely started	Seems complete
(a) Skin changes, like acne, pimples or blackheads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Adult type body odour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Body hair (armpits and/or dark pubic hair)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Breast growth (girls only)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### 5 In the past month, how often would you say that this child has had a problem with...?

(Tick one box per row only)

	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 what happens in your family.

### 6 Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

	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 misbehaved	<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 was 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 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
(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
(j) Explain to this child the consequences of his/her behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Emphasise to this child the reasons for rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### 7 When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never/ Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**8. In the last six months, how often would you say...? (Tick one box per row only)**

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) I have lost my temper with this child  1  2  3  4  5  6  7  8  9  10

**9 How often ...? (Tick one box per row only)**

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

**10 Overall, as a parent, do you feel that you are...?**

- 1 Not very good at being a parent
- 2 A person who has some trouble being a parent
- 3 An average parent
- 4 A better than average parent
- 5 A very good parent

## Your health and wellbeing

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

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

### 12 How many serves of fruit do you usually eat each day? (A 'serve' = 1 medium piece or two small pieces of fruit or 1 cup of diced pieces)

serves

### 13 How many serves of vegetables do you usually eat each day? (A 'serve' = 1/2 cup of cooked vegetables or 1 cup of salad vegetables)

serves

### 14 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

### 15 About how much do you weigh? (If reporting in kg, record to the nearest kg. If pregnant at this time, write in your usual weight when not pregnant)

kg or  stones  pounds

### 16 Are you male or female?

- 1 Male ▶ Go to Question 18
- 2 Female

### 17 Are you currently pregnant?

- 1 Yes
- 2 No
- 2 Not sure, possibly

### 18 In the last year, have any of the following happened to you (or your partner)? (Tick all that apply)

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

**19 How difficult do you feel your life is at present?**

- 1 No problems or stresses
- 2 Few problems or stresses
- 3 Some problems and stresses
- 4 Many problems and stresses
- 5 Very many problems and stresses

**20 How well do you think you are coping?**

- 1 Not at all
- 2 A little
- 3 Fairly well
- 4 Very well
- 5 Extremely well

**21 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?**

- 1 Yes
- 2 No

**22 How often do you feel rushed or pressed for time?**

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

**23 How often do you feel that you need support or help but can't get it from anyone?**

- 1 Very often
- 2 Often
- 3 Sometimes
- 4 Never

**24 In the past 4 weeks, how often did you feel...?***(Tick one box per row only)*

	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



## Your family life

**25** Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another? ('Family' refers to the people you live with)

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

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

- 1 Yes
- 2 No ▶ Go to Question **28**

**27** How many children do you have living elsewhere?

**28** Are you currently living with a partner?

- 1 Yes
- 2 No ▶ Go to Question **38**

Please answer the next questions without thinking too long about your responses - your first response is usually the best. Mark which best describes your answer from the scales provided for each question.

**29** How well does your partner meet your needs?

1 = Poorly —————▶ Extremely well = 5

 1
  2
  3
  4
  5
 

**30** In general, how satisfied are you with your relationship?

1 = Unsatisfied —————▶ Very satisfied = 5

 1
  2
  3
  4
  5
 

**31** How good is your relationship compared to most?

1 = Poor —————▶ Excellent = 5

 1
  2
  3
  4
  5
 

**32** How often do you wish you hadn't married or lived together?

1 = Never —————▶ Very often = 5

 1
  2
  3
  4
  5
 

**33** To what extent has your marriage or relationship met your original expectations?

1 = Hardly at all —————▶ Completely = 5

 1
  2
  3
  4
  5
 

**34** How much do you love your partner?

1 = Not much —————▶ Very, very much = 5

 1
  2
  3
  4
  5
 

**35** How many problems are there in your relationship?

1 = Very few —————▶ Very many = 5

 1
  2
  3
  4
  5
 

**36** Which best describes the degree of happiness, all things considered, in your relationship?

Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfectly happy
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 1
  2
  3
  4
  5
  6
  7

**37 How often...?** (Tick one box per row only)

	Never	Rarely	Sometimes	Often	Always
(a) Is your partner a resource or support to you in raising your child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Are you a resource or support to your partner in raising your child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Do you feel your partner understands and is supportive of your needs as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Do you and your partner disagree about basic child-rearing issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Is your conversation with your partner awkward or stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Do you and your partner argue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Is there anger or hostility between you and your partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Do you have arguments with your partner that end up with people pushing, hitting, kicking or shoving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Family and community****38 People sometimes look to others for companionship, assistance, or other types of support. How often are each of the following kinds of support available to you if you need it?**

(Tick one box per row only)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
(a) Someone you can count on to listen to you when you need to talk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Someone to confide in or talk to about yourself or your problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Someone to share your most private worries and fears with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Someone to turn to for suggestions about how to deal with a personal problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Someone to help you if you were confined to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Someone to take you to the doctor if you needed it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Someone to prepare your meals if you were unable to do it yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Someone to help with daily chores if you were sick	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Someone who shows you love and affection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Someone to love and make you feel wanted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Someone who hugs you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) Someone to have a good time with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) Someone to get together with for relaxation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) Someone to do something enjoyable with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) Someone to do things with to help you get your mind off things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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**39 How often do you see, talk to or email the following people?** (Answer for the most frequent contact e.g. if you talk to your mother every day and your 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

**40 How often does the study child get together with, see or spend time with the following people?**  
(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

**41 How often do the following people support you in raising your child(ren)?**  
(Tick one box per row only)

	Always	Often	Sometimes	Rarely	Never	Don't have
(a) Your partner/spouse	<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) 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
(c) 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
(d) 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
(e) 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
(f) 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

## Work and family

Only complete this section if you are currently in paid work. When you answer the questions below, please think about the job in which you work, or usually work, the most hours.

**42** 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

**43** If you sometimes need to change the time when you start or finish your workday, is it possible?

- 1 Yes, I am able to work flexible hours
- 2 Yes, with approval in special situations
- 3 No, not likely
- 4 No, definitely not
- 5 Don't know

**44** Could you get a permanent change in hours if needed?

- 1 Yes, could change to more hours
- 2 Yes, could change to fewer hours
- 3 Yes, could get both
- 4 No, not possible
- 5 Don't know

**45** How secure do you feel in your present job?

- 1 Very secure
- 2 Secure
- 3 Not very secure
- 4 Very insecure

**46** Still thinking about the job in which you work the most hours, how strongly do you agree or disagree with these statements?

*(Tick one box per row only)*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I have a lot of freedom to decide how I do my own work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) My working has a positive effect on my child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Working helps me to better appreciate the time that I spend with my child(ren)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) The fact that I work makes me a better parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) I never have enough time to get everything done in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**47** Having both work and family responsibilities...

(a) Makes me a more rounded person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Gives my life more variety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Makes me feel competent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**48** Because of my work responsibilities...

(a) I have missed out on home or family activities that I would like to have taken part in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) My family time is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**49** Because of my family responsibilities...

(a) I have had to turn down work activities or opportunities that I would prefer to take on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) The time I spend working is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5